## N1000003970

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
	<del> </del>	
(U00	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		<u> </u>

Office Use Only



600377812796

Herain San Carlotte

2021 DEC 14 PH 4: 18

MINESEE MIE

DEC 15 2021



115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/14/20	021	
	nris Vick	
Reference #:	1525438	
Entity Name:	AERO G	ROUNDTEK LLC
Articles of Incor	poration/Authorizatio	n to Transact Business
☐ Amendment		
Change of Ager	nt	
Reinstatement		
☐ Conversion		
Merger		
☐ Dissolution/With	ndrawal	
Fictitious Name		
Other		
Authorized Amount:	\$25.00	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company: AERO GR	OUNDTE	K LLC	
2. (a)		(b)		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	ling address of limited liability company:  Note: MAY BE POST OFFICE BOX)
	No Change	·	No Change	е
	April 24, 2020		M20	000003970
3.	Date of filing/registration in Florida	4.	De	ocument number
5. (a)	INTERSTATE AGENT SERVICES LLC			
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:	
	100 SE 2 ST STE 2000 #209			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		
	MIAMI F	33131		
(b)	COGENCY GLOBAL INC.			ME 22  ME SEE FILE  ME SEE FILE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			The state of the s
	115 North Calhoun St., Suite 4			SSEE S
	NEW Registered Office Address:			TATE
	Tallahassee	<sub>°L</sub> 32301		
	, I	·L		
the cha agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability cor s of the limin ne limited lia	ered office a apany, it is hed liability c ability compa	nd the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in
	al Sacco	Sal S		
-	iture of a member or authorized representative of a member			rinted or typed name of signee
provis the obt to mer	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act i le performa led for in Ci I hereby coi	n this capaci nce of my du hapter 605. F ifirm that the	ity. I further agree to comply with the ties, and I am familiar with and accept (S. Or, if this document is being filed) timited liability company has been
	im Mayville			
Signan	ire of Registered Agent			

Tim Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00