M22000018451

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Only) Orditor Elph Holle wy	
PICK-UP WAIT MAIL	-
- -	
(Business Entity Mame)	
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(Document Number)	
Copies Certificates of Status	_
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Office Use Only



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

Account#: 120000000088

Date: 03/21/2023	
Name: Ken Howell	
Reference #: 1885617	
Entity Name:	QUATRIS, LLC
☐ Articles of Incorporation/Autho	rization to Transact Business
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$25.0	00
Signature:	

F: +852.2682.9790

✓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.

Name of the limited liability company:			QUATRIS, LLC			
2. (a)		(b)_				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	no change	 -	no chan	ge		
	12/12/2022		M22000018			
3.	Date of filing/registration in Florida	4.	Document numbe	r		
5. (a)	CORPORATION SERVICE COMPA	NY				
	CORPORATION SERVICE COMPAI Registered Agent and Registered Office shown on the records of t	he Florida D	ept. of State:			
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
				2		
	TALLAHASSEE	32301	-2525	7-; ₹ . 2023 нав: 2.1		
(b)	Cogency Global Inc.			≈ . °≥ ·		
	Enter name of NEW Registered Agent and/or NEW Registered	Office addro	<u>ess</u> :			
	115 North Calhoun Street, Suite 4	I		M 9: 20		
	NEW Registered Office Address:			IJ		
	Tallahassee FL	323	301			
		320				
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ibility com f the limite	ered office and the business of the pany, it is hereby confirmed to liability company or as of the pany of the pany or as of the pany or as of the pany of t	office of the registered that the change(s)		
	/s/ Jessica H. Collins		Jessica H. Coll	lins		
Signa	ture of a member or authorized representative of a member	-	Printed or typed name	e of signee		
provisi the obl to mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address. I have in writing of this change.	ee to act in performan I for in Cha aereby con	t this capacity. I further agg we of my duties, and I am fa apter 605, F.S. Or, if this d firm that the limited liability	ree to comply with the miliar with and accept ocument is being filed company has been		
	/s/ Tim Mayville					
Signatu	re of Registered Agent					