## KCICCCC 20355

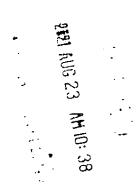
(Requestor's Name)							
(Address)							
(Address)							
(City/Chata/Tin/Chana #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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08/23/21--01006--001 \*\*1505.00



## COVER LETTER

TO:		stration Section sion of Corporations						
SUBJE	FCT•	SHELTAIR SPACE COAST L	LC					
GODGI		Name of Limited Liability Company						
Dear S	ir or N	Madam:						
The en	closec	l Registered Agent/Registered	Office Change a	nd fee	c(s) are submitted for filing.			
Please	return	all correspondence concernir	ig this matter to t	he foll	lowing:			
Damase	o W. S	aavedra						
		Name of Person						
Saaved	lra-Goo	odwin						
		Firm/Company						
888 S.F	E 3rd A	svenue, Suite 500						
-	-	Address			•			
Fort La	uderda	ale, Florida 33316						
	_	City/State and Zip Co	de					
dpazo@	@saavl	aw.com						
E	E-mail	address: (to be used for future	e annual report no	otifica	tion)			
For fur	rther in	nformation concerning this ma	itter, please call:					
Deanna	a Pazo		954 at (		767-6333			
		Name of Person	(	-	Area Code & Daytime Telephone Number			
	Reg Div P.O	istration Section ision of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enc	losed is a check for the follow	wing amount:					
	■ \$.	25 Filing Fee	٥	\$55	Filing Fee & Certified Copy			

INHS18 (2/14)

## 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.

1. N	ame of the limited liability company: SHELTAIR SPA	CE COAST	LLC					
2. (a)		(h)						
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(5)	Mailing address of (Note: MAY E	of limited liability company: BE POST OFFICE BOX)				
	4860 NE 12TH AVE.		4860 NE 12TH AVE.					
	FORT LAUDERDALE, FL 33334		FORT LAUDERDALE, F	F1. 33334				
	11/27/2001	I	.01000020355					
3.	Date of filing/registration in Florida	4.	Document nu	ımber				
5. (a)	Saavedra, Damaso W, Esq.							
J. (u,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Office Address (MUST BE FLORIDA STREET		:2					
	312 S.E. 17th Street Second Floor		<u>~</u> ;					
	Fort Lawlerdule	33316	DDRESS)  33316  23					
	Fort Lauderdale, F	L		. 23				
(h)				2				
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ress:	AM 10: 38					
				i. w				
	Saavedra, Damaso W, Esq.							
	NEW Registered Office Address:							
	888 S.E 3rd Avenue, Suite 500							
	Fort Lauderdale , F	L_33316						
chang agent was/w the art Signal I here provise the obto mer notifie	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liverer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attraction of the december of authorized representative of a member above accept the appointment as registered agent and against of all statutes relative to the proper and complete alignations of myposition as registered agent as provided by reflect a change in the registered office address. It is the proper and complete	e registered iability cor of the limited limit	d office and the business apany, it is hereby confited liability company or ability company.  Printed or types in this connection. I forther	office of the registered rmed that the change(s) as otherwise provided in the change of signee				