## 40347

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

**J**.

NOV 18 2013

R. WHITE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of FLORIDA	
	ler to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: SHELTAIR EXECUTIVE SOUTH, INC.	
	al office address: 4860 N.E. 12TH AVENUE	
FORT L	AUDERDALE, FL 33334	
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification: 6/11/1984 Document number: H07347	
	artment of State: (If resigned, enter resigned)	
	CHRISTIAN ROLLINS	3
	4860 N.E. 12TH AVENUE	- -
	FORT LAUDERDALE, FL 33334	j
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	
	DAMASO W. SAAVEDRA, ESQ.	
	312 S.E. 17TH STREET, SECOND FLOOR	
	P.O. Box NOT acceptable FORT LAUDERDALE, FL 33316	
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Kind	Un Halland Gensul M. Halland CED Printed or typed name and title	
	of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete  If my duties, and I am familiar with and accept the obligation of my position as registered  If a document is being filed merely to reflect a change in the registered office address, I  That the corporation has been notified in writing of this change.	
	gnature of Registered Agent Date	
If signing on b	ehalf of an entity:	
	Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*