H83407

(F	Requestor's Name)		
(<i>f</i>	Address)		
	Address)		
(0	City/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Nar	me)	
<u></u>	Document Number)	1	
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13 NOV 15 PK 3: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2013

R. WHITE

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

statement of change	issions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State of Florida Sta	LORIDA
	change its registered office or registered agent, or both, in the State of Flo	orida.
1. The name of the co	orporation: SHELTAIR MELBOURNE , INC.	
	ce address: 4860 N.E. 12TH AVENUE	
FORT LAUE	DERDALE, FL 33334	
3. The mailing addre	ess (if different):	
4. Date of incorporat	tion/qualification: 10/31/1985 Document number: H83407	,
	eet address of the current registered agent and registered office on file with nt of State: (If resigned, enter resigned)	ı the
CH	HRISTIAN ROLLINS	
48	60 N.E. 12TH AVENUE	70 7
FC	ORT LAUDERDALE, FL 33334	ALLA BORNES
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered offic	SHO IT
DA	AMASO W. SAAVEDRA, ESQ.	PH 3
31	2 S.E. 17TH STREET, SECOND FLOOR	RIDE
	P.O. Box NOT acceptable	
	ORT LAUDERDALE, FL 33316	
The street address or as changed will be in	f its registered office and the street address of the business office of its redentical.	egistered agent,
Such change was au authorized by the bo	thorized by resolution duly adopted by its board of directors or by an of pard, or the corporation has been notified in writing of the change.	ficer so
Signature of a	Myolland Gevel M. Holland Printed or typed name and title	CED
I hereby accept the d I further agree to go performande of make agent. Or, if this ho hereby confirm tha	appointment as registered agent and agree to act in this capacity. Simply with the provisions of all statutes relative to the proper and completely with the proper and completely, and I am familiar with and accept the obligation of my position a scument is being filed merely to reflect a change in the registered office the corporation has been notified in writing of this change.	lete Is registered address, I
Signature	c of Registered Agent Date	
If signing on behalf	of an entity:	
Typed o	or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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