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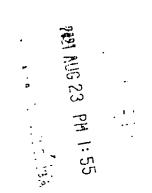
(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nar	me)
(0	Ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	





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## **COVER LETTER**

TO:		stration Section sion of Corporations		
SUBJE	ECT:	SHELTAIR KISSIMMEE, LLC		
During	., .	1	Name of Limite	ted Liability Company
Dear S	ir or N	Aadam:		
The en	closed	l Registered Agent/Registered (	Office Change	e and fee(s) are submitted for filing.
Please	returr	all correspondence concerning	this matter to	the following:
Damaso	o W. S	aavedra		
	_	Name of Person		
Saaved	lra-Goo	odwin		
		Firm/Company		
888 S.F	E 3rd A	Avenue, Suite 500		
		Address		
Fort La	uderda	ale, Florida 33316		
		City/State and Zip Cod	le	
dpazo@	@saavl	aw.com		
É	E-mail	address: (to be used for future	annual report n	notification)
For fur	rther i	nformation concerning this mat	ter, please call:	1:
Deanna	a Pazo		954 at (	767-6333
		Name of Person		Area Code & Daytime Telephone Numb
	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	ing amount:	
	<b>=</b> \$	25 Filing Fee		□ \$55 Filing Fee & Certified Copy

## 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 KIS	SIMME	E, LL	С	<del></del>				
2 (6)			(b) _				_		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_		Mailing :	address of	Timited liab E POST OF	oility comp	oany:
	4860 NE 12TH AVE.		4	860 NE 1	12TH A	VE.			
	FORT LAUDERDALE, FL 33334		F	ORT LA	UDERD	ALE, FI	. 33334		_
	05/25/2001		L0	1000008	448				
3.	Date of filing/registration in Florida	4.			Docun	nent nun	nber		
5. (a)	Saavedra, Damaso W. Esq.								
J. (a.	Registered Agent and Registered Office shown on the records of	f the Flor	ida De	pt. of Sta	e:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)		_				
	312 S.E. 17th Street Second Floor						•	<b>1583</b>	
	Fort Lauderdale, F	L_33316			_			eren aug 2	.:
								ယ	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	addre		_			P₩	•
	The falle of the second			<u>u</u> .				-: -:	
	Saavedra, Damaso W, Esq.						n-	2.	
	NEW Registered Office Address:				_				
	888 S.E 3rd Avenue, Suite 500				_				
	Fort Lauderdale	L_33316							
chang agent was/w the are Sign I hero provise the one notific	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 laterer authorized by an affirmative vote of the members indes of organization or the operating agreement of the address of a member or authorized representative of a member rebylacceptithe appointment as registered agent and as in the proper and complete lightions by my position as registered agent as provided with the proper and complete in the registered office address, in the registered office address, in the registered office address, in the registered of this change.	e registe iability of the limited	comp imite d liab	office are pany, it is defined in the control of th	s hereby computer of the bits	usiness of y confirmation or a large of the	office of the med that the sound of the med that the sound of the med to the sound of the sound	he regist he chan se provi	ered ge(s) ded in