## NC4 CCCC 37577

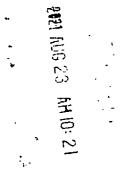
(Requestor's Name)								
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## **COVER LETTER**

TO:	_	stration Section sion of Corporations				
SUBJI	FCT.	HOLLAND SHELTAIR AVIA	TION GROUP, LI	LC		
30031	LCI.	Name of Limited Liability Company				
Dear S	Sir or N	Aadam:				
The en	closec	Registered Agent/Registered	l Office Change :	and fe	e(s) are submitted for filing.	
Please	return	all correspondence concerni	ng this matter to	the fo	llowing:	
Damas	o W. S	aavedra				
		Name of Person			_	
Saaved	lra-Goo	odwin				
	<del></del>	Firm/Company			_	
888 S.I	E 3rd A	evenue, Suite 500				
		Address	-	•	_	
Fort La	auderda	ale, Florida 33316				
		City/State and Zip Co	ode		_	
-	_	aw.com				
Ē	E-mail	address: (to be used for futur	e annual report n	otific	ation)	
For fu	rther i	nformation concerning this m	atter, please call:			
Deanna	a Pazo		954 at (		767-6333	
		Name of Person			Area Code & Daytime Telephone Number	
	Reg Div: P.O	ling Address: 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 follo	wing amount:			
	<b>=</b> \$:	25 Filing Fee		\$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	lame of the limited liability company: HOLLAND SHE	ELTAIR AVI	ATION GROUP, LLC	
2. (a)	·	(b) _		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of lin (Note: MAY BE P	nited liability company: OST OFFICE BOX)
	4860 NE 12TH AVENUE	4	860 NE 12TH AVENUE	14
	FORT LAUDERDALE, FL 33334	F	FORT LAUDERDALE, FL 3.	3334
	05/18/2004	LO	4000037577	
3.	Date of filing/registration in Florida	4.	Document number	<u> </u>
5. (a	Saavedra, Damaso W, Esq.			
J. (a	Registered Agent and Registered Office shown on the records of	f the Florida D	ept, of State:	
				<sup>ද</sup> ට •ේක
	Registered Office Address (MUST BE FLORIDA STREET	· <del></del>	29	
	312 S.E. 17th Street Second Floor			<b>221</b> At 6 23
	Fort Lauderdale, F	L 33316		
		<u>-</u>		AH 10: 2
(b)	Enter name of NEW Registered Agent and/or NEW Registere			Ö
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	<u>:\$8</u> :	21
	Saavedra, Damaso W, Esq.			
	NEW Registered Office Address:			
	888 S.E 3rd Avenue, Suite 500			
	Fort Lauderdale , F	L <sup>33316</sup>		
chang agent was/v the ar Sign	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members tiefed of organization or the operating agreement of the lattice of a member or authorized representative of a member erby accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete original so of the position as registered agent as provide rely reflect a change in the registered office address. I editing writing of this change.	e registered iability composite limited liab	office and the business office and the business office any, it is hereby confirmed the business of the busines	the of the registered that the change(s) otherwise provided in the of signee to comply with the significant with and accept.