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## **COVER LETTER**

TO: Registration Section Division of Corporations

## SHELTAIR WEST HAMPTON, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Damaso W. Saavedra

Name of Person

Saavedra-Goodwin

Firm/Company

888 S.E 3rd Avenue, Suite 500

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

dpazo@saavlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Pazo	954 767-6333 at (
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## Enclosed is a check for the following amount:

S25 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.

Name of the lin	nited liability company:	WEST HAM	PTON, LLC	
(a)			(b)	
Princip	al office address of limited liability company. Note: MUST BE STREET ADDRESS)	:	1	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
4860 NE 12	TH AVE.		4860 NE 1	2TH AVE.
FORT LAU	DERDALE, FL 33334		FORT LA	UDERDALE, FL 33334
03/04/2005			L050000221	92
Dat	e of filing/registration in Florida	4.	<u> </u>	Document number
(a) Saavedra, Da	amaso W, Esq.			
	ent and Registered Office shown on the record	ls of the Flori	da Dept. of State	
Registered Of	fice Address (MUST BE FLORIDA STRE	<u>EET ADDRE.</u>	<u>SS)</u>	······································
312 S.E. 170	h Street Second Floor			دن
Fort Lauder	lale	33316		AH 10: 39
	dale	, FL		<u>O</u>
b)	NEW Registered Agent and/or NEW Regist			98
	amaso W, Esq. red Office Address:			-
888 S.E 3rd	Avenue, Suite 500			-
Fort Laudere	dale	. FL 33316		
nge or changes a nt will be identio /were authorize	are made, the Florida street address of cal. Or, in the case of a Florida limite	f the registe ed liability over the liber of	red office and company, it is mited liability	s hereby confirmed that the change(s) y company or as otherwise provided in
gnature of a member	provident as registered agent and tutes relative to the proper and comp y polition as registered agent as provident as pro	aaree to a	et in this can	<u>M. HOILGOO</u> Printed or typed name of signee activ. I further agree to comply with t duties, and I am familiar with and acc , F.S. Or, if this document is being fil the limited liability company has been
gnature of a member	appointment as registered agent and tutes relative to the proper and comp by polition as registered agent as prov lange in the registered office addres. This change.	aaree to a	et in this can	acity I further garge to comply with t

FILING FEE: \$25.00

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