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((Req	juestor's Name)			
	(Add	lress)			
- ((Add	ress)			
	(City	/State/Zip/Phor	ne #)		
PICK-UP	•	☐ WAIT	MAIL		
(Business Entity Name)					
(Document Number)					
Certified Copies		Certificate	s of Status		
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COVER LETTER

•	gistration Section vision of Corporations						
SUBJECT	SHELTAIR PANAMA CITY, LLC						
30 031.01	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Office Cl	nange and	d fee(s) are submitted for filing.				
Please retur	rn all correspondence concerning this mat	ter to the	e following:				
Damaso W.	Saavedra						
	Name of Person						
Saavedra-G	oodwin						
	Firm/Company						
888 S.E 3rd	Avenue, Suite 500						
	Address						
Fort Lauder	dale, Florida 33316						
	City/State and Zip Code						
dpazo@saav	vlaw.com						
E-ma	il address: (to be used for future annual re	port noti	fication)				
For further	information concerning this matter, pleas	se call:					
Deanna Paz	o at	954	767-6333				
	Name of Person	`	Area Code & Daytime Telephone Number				
Re Di P.(ailing Address: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	iclosed is a check for the following amo	unt:					
=	\$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. 1	Name of the limited liability company:	NAMA			
2. (a)	Principal office address of limited liability company:		(b)	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(<u>Note: MAY BE POST OFFICE BOX</u>)	
	4860 NE 12TH AVE.		4860 NE	12TH AVE.	
	FORT LAUDERDALE, FL 33334		FORT L	AUDERDALE, FL 33334	
	05/26/2006		L0600005	5027	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Saavedra, Damaso W, Esq.				
5. (a	Registered Agent and Registered Office shown on the records o			ate:	
				9991 ∧∪⊝	
	Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	312 S.E. 17th Street Second Floor	312 S.E. 17th Street Second Floor			
	Fort Lauderdale , F	. 33316		<u> </u>	
	, F	l. <u> </u>		_ ?i	
(h)			٩	
(0	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:		
	Saavedra, Damaso W, Esq.				
	NEW Registered Office Address:			_	
	888 S.E 3rd Avenue, Suite 500			<u> </u>	
	Fort Lauderdale , F	L			
chang agent was/v the ar Sign I her provi the one notifi	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 I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member story accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete bligations of my position as registered agent as providerely reflect dichange in the registered office address. I administration of the statutes relative to the proper and complete bligations of my position as registered agent as provider rely reflect dichange in the registered office address. I administration of the statutes relative to the proper and complete	e registe iability of the l e limited	ered office a company, it imited liabil d liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. A M. HOLLOW A Printed or typed name of signee	