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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	<b>⇒</b> #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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## **COVER LETTER**

	Registration Section Division of Corporations					
SHELTAIR POMPANO BEACH, LLC SUBJECT:						
SOBJEC		Name of Limited Liability Company				
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered Of	Tice Change a	nd fee(s) are submitted for filing.			
Please re	turn all correspondence concerning the	his matter to th	ne following:			
Damaso V	V. Saavedra					
	Name of Person					
Saavedra-	Goodwin					
	Firm/Company		<del></del>			
888 S.E 3	rd Avenue, Suite 500					
<del></del> -	Address					
Fort Laud	lerdale, Florida 33316					
	City/State and Zip Code		<del></del>			
dpazo@s	aavlaw.com					
E-n	nail address: (to be used for future an	nual report no	tification)			
For furth	er information concerning this matte	r, please call:				
Deanna P	ахо	954 at (	767-6333			
	Name of Person		Area Code & Daytime Telephone Number			
] [ ]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
i	Enclosed is a check for the followin	g amount:				
î	■ \$25 Filing Fee	0	\$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:	IPANO	BEACE	H. LI.C
2. (a)			(b)	
J. (U)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		· · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4860 NE 12TH AVE.		4866	0 NE 12TH AVE.
	FORT LAUDERDALE, FL 33334		FOF	RT LAUDERDALE, FL 33334
	06/19/2008		L080	00060285
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number
5. (a	Saavedra, Damaso W, Esq.			
J. (a	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>(SS)</u>	
	312 S.E. 17th Street Second Floor			AC:
	Fort Lauderdale , FI	33316		
	,	·	_	 2
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>address</u> :	9.
	Saavedra, Damaso W, Esq.			. 5
	NEW Registered Office Address:			<del></del>
	888 S.E 3rd Avenue, Suite 500			
	Fort Lauderdale . FI	33316		
chang agent was/w the arrows Sign  I here provise the obtoo men notifie	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attree of a member or authorized representative of a member or authorized registered agent and agracions of all standers relative to the proper and complete or a figure of the proper of the provide relative to a diagram of the registered office address. It is the proper of the proper of the provide of the proper of the proper of the provide of the proper of the proper of the proper of the provide of the proper of	registe ability of the I limited	ered off compar imited I d liabili	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.  And M. Holland  Printed or typed name of signee  is capacity. If wither garge to comply with the