## L15000116739

(Requestor's Name)						
(Address)						
(Address)						
	(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
L						

Office Use Only



400315859004

07/23/18--01033--017 \*\*25.00

18 JUL 23 M 9: 3 SECRETARY OF STATE

O SIMMONS JUL 28 2018

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Divi	ision of Corporations						
SUBJECT:	SALT AIR INVESTORS # 11, LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or l	Madam:						
The enclose	d Registered Agent/Registered Of	fice Change at	nd fee(s) are submitted for filing.				
Please return	n all correspondence concerning the	his matter to th	e following:				
KEVIN P.	KASSEBAUM						
	Name of Person		<u> </u>				
KEVIN P. KASSEBAUM, C.P.A., P.A.							
	Firm/Company						
7015 BER	RACASA WAY, STE 105						
	Address						
BOCA RA	TON, FL 33433						
	City/State and Zip Code	•	- <del></del>				
	/CPA@BELLSOUTH.NET						
E-mail	address: (to be used for future an	nual report no	tification)				
For further i	information concerning this matter	r, please call:					
KEVIN P.	KASSEBAUM	561	347-9300				
	Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		1 ] 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:							
<b>2</b> 2 9	325 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. Name of the limited liability company: SALT AIR INVESTORS # 11, LLC						
2. (a)		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  1719 SE 10th STREET		(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  E 10th STREET	
		FT. LAUDERDALE, FL 33316	_	FT. LAU	DERDALE, FL 33316	
		7/7/15		L150001	16739	
<ol> <li>3.</li> <li>5. (</li> </ol>	'a \	Date of filing/registration in Florida THE KAMMERMAN LAW GROUP, P.A.	4.		Document number	
<i>J.</i> (	,	Registered Agent and Registered Office shown on the records of the THE KAMMERMAN LAW GROUP, P.A.	he Flori	da Dept. of Stat	- e:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 790 E BROWARD BLVD., STE 201			18 JUL SECRET	
		FT. LAUDERDALE				
(	b)	KEVIN P. KASSEBAUM			FILED JUL 23 M 9: 37 JUL 23 M 9: 37 LLANASSEE, FLORIDA	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
		KEVIN P. KASSEBAUM				
		NEW Registered Office Address:				
		7015 BERACASA WAY, STE 105	<u></u>		_	
		BOCA RATON	3343	3	_	
the ager	cha 11-v /we	imited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility f the li limited	gistered offic company, it i mited liabilit I liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in npany.	
	<u> </u>	ah	R	OBERT E.	GIVEN, Jr.	
I he prov the e to m noti	erei visi obl vere fied	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. In a lin writing of this change.	ve to a perfor I for in vereby	ct in this cap mance of my Chapter 60, confirm that	Printed or typed name of signce pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	