## L15000189108

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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	SHELTAIR ACQUISITIONS, LL	.C				
501201		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered C	Office Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the fe	ollowing:			
Damas	o W. Saavedra					
	Name of Person		_			
Saaved	ra-Goodwin					
	Firm/Company		_			
888 S.F	E 3rd Avenue, Suite 500					
	Address					
Fort La	auderdale, Florida 33316		_			
	City/State and Zip Code	*				
dpazo@	Dsaavlaw.com					
E	E-mail address: (to be used for future a	innual report notific	cation)			
For fur	ther information concerning this matt	er, please call:				
Deanna	1 Радо	954 at (	767-6333			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the followi	ng amount:				
	■ \$25 Filing Fee	<b>□</b> \$5	5 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. Na	me of the limited liability company: SHELTAIR ACQ	UISITIO	NS, LLC		
Σ. (α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of li	mited liability company: POST OFFICE BOX)
	4860 NE 12TH AVE.		4860 NE	12TH AVE.	
	FORT LAUDERDALE, FL 33334		FORT L	AUDERDALE, FL 3	33334
	11/06/2015		L15000189	9108	
3.	Date of filing/registration in Florida	4.		Document numb	рег
5. (a)	Saavedra, Damaso W, Esq.				
J. (a)	Registered Agent and Registered Office shown on the records of		a Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	_	<b>~⊃</b>
	312 S.E. 17th Street Second Floor				<u> </u>
	Fort Lauderdale , FI	33316		_	221 AUG 23
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	idress:	<del>_</del>	· PH
	Saavedra, Damaso W. Esq.	-			1: 02
	NEW Registered Office Address:				
	888 S.E 3rd Avenue, Suite 500		_	_	
	Fort Lauderdale, FI	33316			
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of the organization or the operating agreement of the light of member or authorized representative of a member obvious of all statutes relative to the proper and complete light of my position as registered agent as provide light of the proper and complete light of the pr	ws of the register ability co of the limited	State of Fed office a company, it nited liability co	Torida, it is hereby nd the business off is hereby confirme ity company or as impany.  Printed or typed na	fice of the registered ed that the change(s) otherwise provided in   Ulana  me of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00