## LI7CO0197198

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





000371410900

08/23/21--01006--001 \*\*1505.00



## COVER LETTER

Division of Corporations			
SHELTAIR DENVER, LLC			
	mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Damaso W. Saavedra			
Name of Person			
Saavedra-Goodwin			
Firm/Company	<del></del>		
888 S.E 3rd Avenue, Suite 500			
Address	<del></del> .		
Fort Lauderdale, Florida 33316			
City/State and Zip Code	<del></del>		
dpazo@saavlaw.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please of	call:		
Deanna Pazo 9	767-6333		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amoun	t:		
■ \$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. Na	ame of the limited liability company: SHELTAIR DE	NVER, LI	.C		
2. (a)		(1	b)		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``	· <del></del>	Mailing address	of limited liability company:  **BE POST OFFICE BOX**)
	4860 NE 12TH AVE.		4860 NE	12TH AVE.	
	FORT LAUDERDALE, FL 33334	<u>.</u>	FORT LA	AUDERDALE,	FL 33334
	09/22/2017		L17000197	7198	
3.	Date of filing/registration in Florida	— 4.		Document n	number
5. (a)	Saavedra, Damaso W, Esq.				
J. (1)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	ಚಿತ
	312 S.E. 17th Street Second Floor				افق الله 
	Fort Lauderdale , F	L_33316			391 AUG 23
		_			23
(b)	Enter name of NEW Registered Agent and/or NEW Registere			<del></del>	· PM
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	adress:		
	Saavedra, Damaso W, Esq.			_	. 56
	NEW Registered Office Address:				
	888 S.E 3rd Avenue, Suite 500			_	
	Fort Lauderdale , F	L_33316			
change agent v was/w the art Signa  I here provise the object to mer notified	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of amender or authorized representative of a member the accept the appointment as registered agent and against of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is of Registered Agent	e register iability co of the limited	red office are company, it in this car	nd the busines is hereby con ity company ompany.  Printed or typoacity. I furth	ss office of the registered firmed that the change(s) or as otherwise provided in