K21 COCO 11591

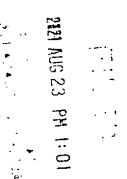
(Re	equestor's Name)					
(Ad	ldress)					
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	= #)				
PICK-UP	☐ WAIT	MAIL				
(Bi	usiness Entity Nan	ne)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

Office Use Only



200370975302

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



COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SURI	SHELTAIR AVIATION FACILITECT:	IES, LLC	
.,000	Na	me of Limited Lia	ability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the f	ollowing:
Damas	so W. Saavedra		
	Name of Person		_
Saave	Ira-Goodwin		
_	Firm/Company	. <u>-</u>	_
888 S.	E 3rd Avenue, Suite 500		
	Address	-34	
Fort L	auderdale, Florida 33316		
	City/State and Zip Code		_
dpazo	@saavlaw.com		
	E-mail address: (to be used for future an	nual report notific	cation)
For fu	rther information concerning this matte	r, please call:	
Deann	а Рахо	954 at (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	ig amount:	
	■ \$25 Filing Fee	□ \$5	5 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: SHELTAIR AVI	ATION	FACILITIES	S, LLC			•••
2. (a)		((b)				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 `	Mailing address of limited (Note: MAY BE POST			ability cor	npany:
	4860 NE 12TH AVE.		4860 NE	12TH AVE.			
	FORT LAUDERDALE, FL 33334		FORT LA	AUDERDALE, F	L 33334	 -	
	12/30/2020		L2100001	1591			
3.	Date of filing/registration in Florida	 4.		Document nu	mber		
5. (a)	Saavedra, Damaso W. Esq.						
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of Sta	ate:			
						P40	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>			/ K#3	
	312 S.E. 17th Street Second Floor				5	AUG	
	Fort Lauderdale , F	33316 L				23	
					<u>.</u> 	골	• •
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:		G P	: 0	•
	Saavedra, Damaso W, Esq.						
	NEW Registered Office Address:			_			
	888 S.E 3rd Avenue, Suite 500			_			
	Fort Lauderdale, F	L					
chang agent was/w the arr	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members idles of organization or the operating agreement of the advance of a member or authorized representative of a member error of an ember are accept the appointment as registered agent and agriculture of any position as registered agent as provided in the registered of the provided and the complete of the proper and complete the complete of the proper and complete	e registe ability cof the li	red office a company, it mited liabil liability co	nd the business is hereby confility company or ompany. Printed or types	office of rmed that as otherw	the regit the charise prov	stered nge(s) vided in