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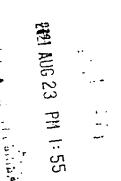
(Requestor's Name)								
(Address)								
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(Address)								
(City/State/Zip/Phone #)								
(City/State/Zip/Priorie #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status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





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COVER LETTER

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INHS18 (2/14)

	Registration Section Division of Corporations								
SUBJEC	SHELTAIR MELBOURNE, LLC								
.,		of Limited	Liability Company						
Dear Sir	or Madam:								
The encl	losed Registered Agent/Registered Office	e Change an	d fee(s) are submitted for filing.						
Please re	eturn all correspondence concerning this	matter to th	e following:						
Damaso '	W. Saavedra								
	Name of Person								
Saavedra	a-Goodwin								
	Firm/Company								
888 SE 3	rd Avenue, Suite 500								
	Address		_ _						
Fort Lau	derdale, Florida 33316								
	City/State and Zip Code								
dpazo@s	saavlaw.com								
E-1	mail address: (to be used for future annua	al report not	ification)						
For furth	ner information concerning this matter, p	lease call:							
Deanna I	Pazo	954	767-6333						
	Name of Person	_ 41 (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 a	mount:							
	■ \$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. Na	ame of the limited liability company: SHELTAIR MEL	BOUR:	NE, LLC				
2. (a)			(b)	_		_	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address o	f limited li	ability company:	
	4860 NE 12TH AVENUE		4860 NE	12TH AVENUE			
	FORT LAUDERDALE, FL 33334		FORT LA	UDERDALE, F	L 33334		
	12/30/2020		1.21000011	627			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5. (a)	SAAVEDRA, DAMASCO W						
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
	312 S.E. 17TH STREET, SECOND FLOOR			_	:	23	
	Fort Lauderdale , FI	33316		_	÷	5851 VAC:	
(b)	Damaso W. Saavedra, ESQ					23	
(5)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	•	P# :	
				_	ے۔ ن د	ស ភ	
	NEW Registered Office Address:						
	888 SE 3rd Avenue, Suite 500						
	Fort Lauderdale , FI	L <u>33316</u>					
change agent was/w	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 litere authorized by an affirmative vote of the members of classification or the operating agreement of the	ws of the registe ability of the l	ne State of Flered office ar company, it i imited liabili	nd the business is hereby confi- ty company or mpany.	office of rmed that	the registered the change(s)	
Sions	nture of a member or authorized representative of a member		Printed or typed name of signee				
I here provis the ob to mer notifie	thy accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor ed for it hereby	ct in this cap mance of my a Chapter 60, confirm that	pacity. I further duties, and I as 5, F.S. Or, if th the limited liab	r agree to m familia his docun bility com	o comply with the r with and accept tent is being filed upany has been	