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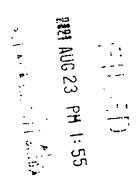
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| Special Instructions to F | iling Officer: | |
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COVER LETTER

| TO: | Registration Section Division of Corpo | | | | | |
|---|---|----------------------------------|---------------|--|--|--|
| SUBJI | | SHELTAIR ORLANDO AIR CENTER, LLC | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Name | of Limited I | Liability Company | | |
| Dear S | Sir or Madam: | | | | | |
| The en | closed Registered A | gent/Registered Office | Change and | I fee(s) are submitted for filing. | | |
| Please | return all correspon | dence concerning this r | natter to the | following: | | |
| Damas | o W. Saavedra | | | | | |
| | N | ame of Person | | | | |
| Saaved | Ira-Goodwin | | | | | |
| | Fi | rm/Company | | | | |
| 888 S.1 | E 3rd Avenue, Suite 5 | 00 | | | | |
| | · | Address | | ···· | | |
| Fort La | nuderdale, Florida 333 | 16 | | | | |
| | City/S | State and Zip Code | | | | |
| dpazo(| @saavlaw.com | | | | | |
| F | E-mail address: (to b | e used for future annua | l report noti | fication) | | |
| For fu | rther information co | ncerning this matter, pl | ease call: | | | |
| Deanna | a Pazo | | 954 at (| 767-6333 | | |
| | Name of I | Person | , \ | Area Code & Daytime Telephone Number | | |
| | Mailing Address Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL | tion orations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | Enclosed is a che | ck for the following ar | nount: | | | |
| | ■ \$25 Filing Fee | | <u> </u> | \$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 ORI | LANDO AIR | CENTER, LLC | | | | |
|---|---|--|--|---|--|--|--|
| | | | | | | | |
| - (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 4860 NE 12TH AVE. | 4 | 4860 NE 12TH AVE. | | | | |
| | FORT LAUDERDALE, FL 33334 | | FORT LAUDERDALE, FL 33334 L21000011671 | | | | |
| | 12/30/2020 | L2 | | | | | |
| 3. | Date of filing/registration in Florida | 4. | Document nu | umber | | | |
| 5. (a) | Saavedra, Damaso W, Esq. | | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records o | ept. of State: | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | | 2321 AUG | | | | |
| | 312 S.E. 17th Street Second Floor | | | AUG | | | |
| | Fort Lauderdale, F | L | | . 23 | | | |
| | | | | . P | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | |
| | Saavedra, Damaso W, Esq. | | | , U | | | |
| | NEW Registered Office Address: | _ | | | | | |
| | 888 S.E 3rd Avenue, Suite 500 | | | | | | |
| | Fort Lauderdale, F | L 33316 | | | | | |
| change agent v was/we the arti | 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 level authorized by an affirmative vote of the members acted of organization or the operating agreement of the last of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete lightions of my position as registered agent as provided by increasing of this change. | e registered iability com of the limite limited lial | office and the business pany, it is hereby confied liability company or pility company. CALL M. HO Printed or type | s office of the registered irmed that the change(s) r as otherwise provided in Colland and a signee | | | |