## L21000 101571

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## **COVER LETTER**

	gistration Section ision of Corporations		
SUBJECT:	SHELTAIR MELBOURNE II,	LLC	
SUBJECT.		Name of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please retur	n all correspondence concernin	g this matter to th	e following:
Damaso W.	Saavedra		
	Name of Person		
Saavedra-Go	oodwin		
	Firm/Company		<del></del>
888 S.E 3rd	Avenue, Suite 500		
	Address	·	
Fort Laudere	dale, Florida 33316		
	City/State and Zip Co	de	<del></del>
dpazo@saav	·law.com		
E-mai	l address: (to be used for future	annual report no	tification)
For further	information concerning this ma	itter, please call:	
Deanna Pazo	)	954 at (	767-6333
	Name of Person		Area Code & Daytime Telephone Number
Rep Div P.C	gistration Section vision of Corporations  D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the follow	ving amount:	
<b>a</b> 9	\$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

## 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	lame of the limited liability company: SHELTAIR ME	LBOUR	NE II, LLC				
2. (a)	·		(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY B	of limited liab	ility comp	any:
	4860 NE 12TH AVE.		4860 NE	E 12TH AVE.			
	FORT LAUDERDALE, FL 33334		FORT L	AUDERDALE, F	L 33334		
	03/02/2021		1.2100010	)1571			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a	Saavedra, Damaso W, Esq.						
J. (u	Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept. of S	tate:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)				
	312 S.E. 17th Street Second Floor				٠	15	
	Fort Lauderdale, F	L_33316		<del>_</del>	. •	AUG	
				<del>_</del>	•	23	•
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:		-	PM	• •
	interment of the state of the s	<u> </u>	<del></del> '			<del></del>	• •
	Saavedra, Damaso W, Esq.				-	25	
	NEW Registered Office Address:				-		
	888 S.E 3rd Avenue, Suite 500						
	Fort Lauderdale	L_33316					
changagent was/v the ar Sign I her provi. the old to me notific	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leavere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of amember or authorized representative of a member above accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete oligations of my position as registered agent as providerely reflectly change in the registered office address, I leave to the proper and complete the registered of the change in writing of this change.	e registe iability of the I e limited	ered office a company, it imited liability co	and the business t is hereby confinitive company or ompany.  Printed or typed	office of the rmed that the as otherwise of the rmed that the as otherwise of significant the rmed that the rmed t	ne registe he chang se provid	ered e(s) led in