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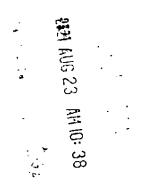
(Requestor's Name)									
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(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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##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

TO:	Registration Section Division of Corporations								
SUBJI	SHELTAIR SIXTEEN, LLC								
2, 0 0 -	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.						
Please	return all correspondence concernir	ng this matter to the	following:						
Damas	o W. Saavedra								
	Name of Person								
Saaved	ra-Goodwin								
	Firm/Company								
888 S.I	3rd Avenue, Suite 500								
	Address								
Fort La	uderdale, Florida 33316								
	City/State and Zip Co	de							
dpazo@	Jsaavlaw.com								
F	-mail address: (to be used for future	e annual report notif	ication)						
For fur	ther information concerning this ma	atter, please call:							
Deanna	ı Pazo	954	767-6333						
	Name of Person	u. (	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 follow	wing amount:							
	■ \$25 Filing Fee	<b>□</b> \$	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. N	ame of the limited liability company: SHELTAIR SIXT	EEN,	LLC	: 				
2. (a)								
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	•		Mailing a	address of	limited lia	ability company: FFICE BOX)
	4860 NE 12TH AVE.			4860 N	E 12TH AV	√E.		
	FORT LAUDERDALE, FL 33334			FORT	LAUDERD	ALE, FL	_ 33334	
	12/07/1999		ì	.990000	08499			
3.	Date of filing/registration in Florida	- 4.	-		Docun	nent nun	nber	
5. (a	Saavedra, Damaso W, Esq.							
ی. (a	Registered Agent and Registered Office shown on the records of	the Flo	nida	Dept. of	State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						<u>.</u>	**************************************
	312 S.E. 17th Street Second Floor							<u>₩</u>
	Fort Lauderdale , FI	3331	6				مو د	1989 AUG 23
41.3								
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Offic	e ado	ress:				<u> </u>
							:	AH 10: 38
	Saavedra, Damaso W, Esq.						•	03
	NEW Registered Office Address:							
	888 S.E 3rd Avenue, Suite 500			_				
	Fort Lauderdale FI	3331	6					
chang agent was/w the arr Sign I here provise the obtone notification and the second s	limited liability company is not organized under the large 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 of the street of organization or the operating agreement of the lattices of organization or the operating agreement of the lattice of a member of authorized representative of a member or authorized representative of a member or authorized representative of a member of all statitues relative to the proper and complete ligations of all statitues relative to the proper and complete ligations of migrosition as registered agent as provide rely reflect a change in the registered office address, I are of Registered Agent	regis ability of the limit	tere cor limited li	office in pany, ted liab ability of this contributes the contributes of the contributes o	and the buit is hereby oility compound.  Printed	usiness ( y confirmany or a () or typed	office of med that is otherw	the registered the change(s) vise provided in gnee