P200000 97784

| (Requestor's Name) |
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| |
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (0.1) 0.11.012.19 |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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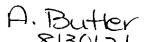




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08/19/21--01014--017 **280.00





COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: SHELTAIR ORLANDO AIR CENTE Name of Corporation | |
|---|--|
| DOCUMENT NUMBER: P20000097784 | <u>,</u> |
| The enclosed Statement of Change of Registere | ed Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning thi | s matter to the following: |
| Damaso W. Saavedra | |
| Name of Contact Person | |
| Saavedra-Goodwin | |
| Firm/Company | |
| 888 S.E 3rd Avenue, Suite 500 | |
| Address | |
| Fort Lauderdale, Florida 33316 | |
| City/State and Zip Code | |
| dpazo@saavlaw.com | |
| E-mail address: (to be used for future annua | al report notification) |
| For further information concerning this matter, | please call: |
| Deanna Pazo | at (⁹⁵⁴) ⁷⁶⁷⁻⁶³³³ Area Code & Daytime Telephone Number |
| Name of Contact Person Enclosed is a \$35.00 check made payable to the | |
| Enclosed is a \$55.00 encer made payable to the | . Department of State. |
| Mailing Address: | Street Address: |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida 2: 57 |
|---|
| 1. The name of the corporation: SHELTAIR ORLANDO AIR CENTER HOLDCOLING: 1.1. 1. OF STATE |
| 1. The name of the corporation: SHELTAIR ORLANDO AIR CENTER HOLDCO, INC. 1. 1. OF STATE 2. The principal office address: 4860 N.E. 12TH AVENUEFORT LAUDERDALE, FL 33334 1 SEE, FL |
| 3. The mailing address (if different): 4860 N.E. 12TH AVENUEFORT LAUDERDALE, FL 33334 |
| 4. Date of incorporation/qualification: Document number: P20000097784 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| SAAVEDRA, DAMASO W, ESQ. |
| 312 S.E. 17TH STREET, SECOND FLOOR FORT LAUDERDALE, FL 33316 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| SAAVEDRA, DAMASO W, ESQ. |
| 888 S.E 3rd Avenue, Suite 500 P.O. Box NOT acceptable |
| Fort Lauderdale, Florida 33316 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Health Heland Signature of an other-or-director Gerald M. Holland Printed or typed name and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed mayely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signate Reusing Agent B-12-21 |
| Typed or Printed Name |

* * * FILING FEE: \$35.00 * * *