

L1400037217
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (950) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 419-6949
Fax Number : (954) 209-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FALLS BOUNDARY FLORIDA

LLC REGISTERED AGENT CHANGE
DRM TRANSIT OF FLORIDA LLC

Certificate of Status	0
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FALLS BOUNDARY FLORIDA

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HONOR ORIGINAL DATE 12-20-17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRM Transit of Florida LLC Statement of change of RA
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Carlos Rodriguez
Name of Person

C.T Corporation System
Firm/Company

8020 Excelsior Drive Suite 200
Address

Madison, Wisconsin 53717
City/State and Zip Code

c.rodriguezmelchor@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Rodriguez at (608) 821-6445
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

NHS18 (2/14)

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. Name of the limited liability company: DRM Transit of Florida LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4720 Salisbury Rd Suite 216
Jacksonville, FL 32256

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 03/03/2014 Date of filing/registration in Florida

4. L14000037217 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
B&S Accounting and Tax Service LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4720 Salisbury Rd Suite 229
Jacksonville, FL 32256

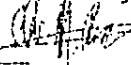
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
CT Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

17 DEC 20 AM 10:47
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Mark Carmichael
 Signature of a member or authorized representative of a member Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: CT Corporation System / CHRIS RICKARD, ASSISTANT SECRETARY 
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00