## ·M1300000 4216

(Re	equestor's Name)		
(Ad	dress)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
<b>,</b>		·- <b>/</b>	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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OCT 2 8 2013 T. PLIMPTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: October 23, 2013

Order#: 849660-001

Re: MEDSPEED LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: MEDSPEED HE	EALTHCARE TRANSPOR	TATION LLC	
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 2711 Centerville Road,	Suite 400	
(	Wilmington, DE 19808	1	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2711 Centerville Road,	Suite 400	
Those. MITT BET OST OTTICE BOX	Wilmington, DE 19808		
07/02/2013	M13000004216		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	da Dept. of State:	
Registered Agent:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road		
	Plantation	FL 33324	
NEW Registered Office Address:	Corporation Service Company		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
[MOST DE LEGRIDA STREET ADDRESS]	Tallahassee	,FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identified liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	tical Or in the case of	a Florida limited y an affirmative vote of les of organization or	
Signature of a member or authorized representative of a member	_	TALLAI	
Signature of a member of authorized representative of a member			
Dona Priebe, Authorized Person Printed or typed name of signee	_	25 ASSE	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  By:	igree to act in this capa oper and complete perfo sition as registered age erely reflect a change in y has been notified in w	city. Further agree to ormatice of the dulies on the provided for in the registerest office riting of this change.	
Signature of Registered Agent Corporation Service Company	Sylvia Queppet, Asst.	Vice President	
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 3	2314	

**FILING FEE: \$25.00**