

P08000075712

John C. Englehardt, P.A.
Attorney at Law
1524 East Livingston Street
Orlando, Florida 32803-5495
(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

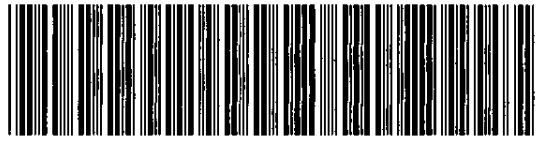
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 23 PM 4: 21

T. Roberts FEB 23 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2009

JOHN C. ENGLEHARDT, P.A.
1524 EAST LIVINGSTON ST
ORLANDO, FL 32803-5495

SUBJECT: EMERGENCY SERVICES 24, INC
Ref. Number: P08000075712

We have received your document for EMERGENCY SERVICES 24, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 009A00004334

COVER LETTER

RECEIVED

2009 FEB 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Emergency Services 24, Inc
(Name of Corporation)

DOCUMENT NUMBER: P08000075712

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C Englehardt
(Name of Contact Person)

John C Englehardt, P.A.
(Firm/Company)

1524 E Livingston St.
(Address)

Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

John Englehardt at (407) 896-1138
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Emergency Services 24, Inc
2. The principal office address: 3715 Northeast Road #34 Doraville, GA 30240
3. The mailing address (if different):

4. Date of incorporation/qualification: August 13, 2008 Document number: P080000715712

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)

Micah D Bass
16334 Port Dickinson Drive
Jupiter, FL 33477

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DIVISION OF CORPORATIONS
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John C Englehardt
1524 E Livingston St
(P.O. Box NOT acceptable)
Orlando, FL 32803

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.

[Signature of officer or director]

Micah D. Bass
(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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature of Registered Agent]

2/18/09
(Date)

If signing on behalf of an entity:

John C. Englehardt
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314