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(Re	equestor's Name)	·····		
(Ac	ldress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

1635 MEATHE DRIVE, LLC

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:

#### Clark J. Davis

Name of Person

## 1635 MEATHE DRIVE, LLC

Firm/Company

## 230 Truck and Trailer Way

Address

## West Palm Beach, Florida 33413

City/State and Zip Code

## jdavis@yellowcabflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clark J. Davis

<sub>at (</sub>561

242-6410

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BGTH 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. Nar	ne of the limited liability company: 1635 MEATHE DRIVE, L	LC	- · · · · · · · · · · · · · · · · · · ·
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	230 Truck and Trailer Way West Palm Beach, Florida 33413	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	230 Truck and Trailer Way West Palm Beach, Florida 33413	
07/07/201	10	L10000071675	
3. Dat	e of filing/registration in Florida	1. Document number	
5. (a)	Registered Agent and Registered Office shown on the	ne records of the Florid	la Dept. of State:
	Registered Agent:	Clark J. Davis	
	Registered Office Address:	1850 SE 17th Street Fort Lauderdale, Florida 33316	Apr. 3
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	V Registered Office ac	
	NEW Registered Office Address:	230 Truck and Trailer Way	STATE ORIO
	(MUST BE FLORIDA STREET ADDRESS)	West Paim Beach	FL 33413
confirmand the liabilit the method the op-	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of t cal. Or, in the case of a was/were authorized by	the registered office a Florida limited y an affirmative vote of
	by accept the appointment as registered agent and as with the provisions of all statutes relative to the promining familiar with und accept the obligations of my poser 608, F.S. Ok, in this document is being filed to mers, I hereby confirm that the limited liability company	gree to act in this capac per and complete perfo ition as registered age rely reflect a change in has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
Signatur	re of Registered Agent		

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