Document Number Only

		 	
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Requestor's Name 660 East Jefferson Street

Address

Tallahassee, FL 32301

CR2E031 (1-89)

Zip

222-1092

City

State

Phone

CORPORATION(S) NAME

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() NonProfit	() Amendment	() Merger 🔄 🖭
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() Limited Partnership	() Annual Report	() Other UCC Filing
() Reinstatement	() Reservation	Change of R.A.
		() Fic. Name 9
() Certified Copy	() Photo Copies	() CUS 4 5
() Call When Ready	() Call if Problem	() After 4:30
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() Mail Out		
Name		
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W.P. Verifier	//~r	m(2)

Florida Department of State, Jim Smith, Secretary of State

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 61 Florida Statutes, the undersigned corporation organized under the laws of the submits the following statement in order to change its registered agent, or both, in the State of Florida.	he State	of			
1a. The name of the corporation is: Randle Eastern Ambulance Service,	Inc.				
1b. Date of incorporation <u>05-05-1955</u> Document number	F14996	<u> </u>			
The name and address of the current registered agent and office: Robert L. Garner, 35 S.W. 27th Avenue, Miami, FL 33135	TARY ASSE	MAR OR			
	FLO				
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	ATE RIDA	2			
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation	on, Flor	rida 33324			
The street address of its registered agent and the street address of the bus of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of direct an officer so authorized by the board. William George, Vice Pressign March 18, 1997 DATE	ectors o ident title				
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERV PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DE IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTAND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: (Registered Age DATE	SIGNAT STERED COMPI AND CO ACCEPT ON SYSTE) _Y DM- F			
Marcia J. Sunchara Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314 Asst. Sec.					

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) FILING FEE: \$35.00