(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
<del></del>						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
25.W						
Special Instructions to Filing Officer:						
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Office Use Only						



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ON SERVICE COMPANY							
	ACCOUNT NO.	:	120000000	L95			
	REFERENCE	:	547579	7914359			
	AUTHORIZATION	:	1 1 18 80	man			
	COST LIMIT	:	\$,25.00	man			
ORDER DATE :	February 26, 201	3				- " -	-
ORDER TIME :	3:43 PM						
ORDER NO. :	547579-002						
CUSTOMER NO:	7914359						
	CHANGE OF A	GEN	 <u>Γ</u>		TALL AHAS	2019 MAR -4	
NAME: LIFEGUARD AMBULANCE SERVICE OF FLORIDA, LLC 9.02							
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	ING:	1,9		
	TIED COPY STAMPED COPY						
CONTACT PERSON	: Kimberly Kline	e -	- EXT# 6308	1			
			EXAMINER:				

## 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: LIFEGUARI	D AMBULANCE SERVICE OF FLO	ORIDA, I	LLC
2. (a) Principal office address of limited liability company: 4211 Jerry Maygarden Rd  (Note: MUST BE STREET ADDRESS) Pensacola, FL 32504			
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	234 Aquarius Drive, Suite 103 Birmingham AL 35209		
08/26/2005	L05000084769		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of	State:	
Registered Agent:	Roche, John	_~:	
Registered Office Address:	4211 Jerry L Maygarden Road Pensacola FL 32504	ALL AH	2013 MAR
		200	, -,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:		
	Corporation Service Company	6 T.I.	AM 9:
NEW Registered Agent:  NEW Registered Office Address:	1201 Hays Street		- <b>0</b> 2
(MÚST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL	_	
If the limited liability company is not organized under the that after the change or changes are made, the Florida strooffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	eet address of the registered office ar case of a Florida limited liability cor	nd the bus	siness is
(Signature of a member of aumorized representative of a member)			
Deb Reeves, Authorized Person (Printed or typed name of signce)	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position. F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	agree to act in this capacity. I furth proper and complete performance of in as registered agent as provided for a change in the registered office addi ed in writing of this change.	er agree my duties r in Chap ress, I hei	to s, and I ster 608, reby
By: (Signature of Registered Agent) Corporation Service Company			
Division of Corporations, P.O. Bo			

**FILING FEE: \$25.00** 

INHS18 (05/08)