

LOS 000095512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAR 5 2013  
T CLINE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 547579 7914359

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 26, 2013

ORDER TIME : 3:43 PM

ORDER NO. : 547579-003

CUSTOMER NO: 7914359

CHANGE OF AGENT

NAME: LIFEGUARD AMBULANCE SERVICE OF  
GEORGIA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: LIFEGUARD AMBULANCE SERVICE OF GEORGIA, LLC

2. (a) Principal office address of limited liability company: 3440 Oak Cliff  
(Note: **MUST BE STREET ADDRESS**) Doraville GA 30340

(b) Mailing address of limited liability company: 234 Aquarius Drive, Suite 103  
(Note: **MAY BE POST OFFICE BOX**) Birmingham AL 35209

09/28/2005 L05000095512

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Roche, John

Registered Office Address:

4211 Jerry L Maygarden Road  
Pensacola FL 32504

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Deb Reeves  
(Signature of a member or authorized representative of a member)

Deb Reeves, Authorized Person

(Printed or typed name of signer)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By:

(Signature of Registered Agent)

Sarah Wright  
Corporation Service Company Sarah Wright, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**