LOMACO COSTI

(Requestor's Name)								
(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: November 3, 2016

Order#: 344362/016

Re: GREATER FLORIDA EMERGENCY GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: GREATER FLORIDA EMERGENCY GROUP, LLC							
2. (a) _		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		ATLANTA G/ 30328						
2		06/25/2007		_	L0700006			
3.		Date of filing/registration in Florida		4.		Document number		
5.		C T CORPORATION SYSTEM						
		Registered Agent and Registered Office shown on the recor	rds of the	e Florida I	Dept. of State	:		
		1200 SOUTH PINE ISLAND ROAD						
		Registered Office Address (MUST BE FLORIDA STR.	EET AL	ODRESS)				
		PLANTATION	_, FL	33324			2918	
	(b)	Corporation Service Company					AÜA	
	` ' '	Enter name of NEW Registered Agent and/or NEW Regis	stered ()	ffice addr	ess:	TARY ASSE	1	SAC DAMPEN
		1201 Hays Street				EF. FL	→	ED
		NEW Registered Office Address:				OF STATE E. FLORIDA.	A II: 26	0
		Tallahassee	_, FL_	32301				
the age wa	char ent w s/we	mited liability company is not organized under thage or changes are made, the Florida street addrefill be identical. Or, in the case of a Florida limit re authorized by an affirmative vote of the membels of a summization of the perating agreement or	ne laws ess of the ed liab pers of	of the S he regist oility con the limit	ered office npany, it is ed liability	and the business of hereby confirmed company or as other	ffice o	of the registered se change(s)
	ignat	e of member of authorized representative of a member	_	Dona Priebe, Asst. Vice President Printed or typed name of signee				
Il pro the to no	nereb ovisio obli mere tified	y accept the appointment as registered agent and sons of all statutes relative to the proper and compations of my position as registered agent as proly reflect a change in the registered office addression writing of this change. The office is the compation of	plete po ovided j ss, I he	erformai for in Cl vreby cor	nce of my a napter 605 nfirm that i	ncity I further our	ee to co niliar v ccumen compo	omply with the with and accept it is being filed any has been

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