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## **COVER LETTER**

TO: Registration Section Division of Corporations JACKSONVILLE SEDAN TRANSPORTATION SERVICES, 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 JACKSONVILLE SEDAN TRANSPORTATION SERVICES, 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 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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 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. Nai	me of the limited liability company: JACKSONVILLE SEDAN	I TRANSPORTATION SERVICES, LLC			
	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)	230 Truck and Trailer Way West Palm Beach, Florida 33413			
07/07/201		L10000071742			
3. Dat	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida De	pt. of	State:	
	Registered Agent:	Clark J. Davis			
	Registered Office Address:	1850 SE 17th Street Fort Lauderdale, Florida 33316	I ALLAND	13 SS	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office addres	LAKY OF	P -9 P	FILED
	NEW Registered Agent:	Clark J. Davis	<u> </u>	<b>P</b>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)		230 Truck and Trailer Way	ATE RIDA	<del>5</del>	
		West Palm Beach	,FL	33413	
confirmand the liabilit the method op-	limited 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) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the re cal. Or, in the case of a Flor was/were authorized by an a	gister rida li affirm	ed off mited ative	vote of
Signatui	e of a member of authorized representative of a member				
Clark J. C	Davis  or typed name of signee	-			
I here compl and I i Chapt addres	by accept the appointment as registered agent and as with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poser 408, F.S. Oraif Mis document is being filed to men	gree to act in this capacity. per and complete performa sition as registered agent as rely reflect a change in the r has been notified in writing	I furth rice of provi egiste g of th	ner ag my di ded fo red of is cha	ree to uties, or in fice nge.

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