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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: METRO MOBILITY OF JACKSONVILLE, 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

METRO MOBILITY OF JACKSONVILLE, LLC

Firm/Company

230 Truck and Trailer Way

Address

West Palm Beach, Florida 33413

City/State and Zip Code

idavis@yellowcabflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clark J. Davis

_{at (}561

242-6410

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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.	Nar	me of the limited liability company: METRO MOBILITY OF J.	ACKSONVILLE, LLC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	230 Truck and Trailer Way West Palm Beach, Florida 33413	<u> </u>		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	230 Truck and Trailer Way West Palm Beach, Flonda 33413	3		
07/	07/201	0	L10000071759			
3.	Dat	e of filing/registration in Florida	I. Document number			
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Flori	da Dep	t. of S	tate:
		Registered Agent:	Clark J. Davis			
		Registered Office Address:	1850 SE 17th Street Fort Lauderdale, Florida 33316	IA.	<u>ವ</u>	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	Registered Office a	datess	•	
		NEW Registered Agent:	Clark J. Davis	m _Q	9	П
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	230 Truck and Trailer Way	FLORID	=======================================	
an lia the	nfirr d the bility e me e ope	imited liability company is not organized under the laned 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) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of	the regi	is her	d office
Pr		by accept the appointment as registered agent and accept the appointment as registered agent and accept the provisions of all statutes relative to the prought in the provisions of the obligations of my posen 508, F.S. Or, if this document is being filed to mer is I hereby confirm that the limited liability company	rce to act in this capa per and complete perf ition as registered ag ely reflect a change in has been notified in w	icity. I formanč ent as p 1 the ret vriting (furthe e of r rovid gister of this	er agree to ny duties, ed for in ed office change

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