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| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Registration Section **Division of Corporations** GO AIRPORT SHUTTLE & SEDAN 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 GO AIRPORT SHUTTLE & SEDAN OF JACKSONVILLE, 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 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

■ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Nan | ne of the limited liability company: GO AIRPORT SHUTTLE | & SEDAN OF JACKSONVILLE, 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 | | | |
| (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 | 0 | £10000071762 | | | |
| 3. Dat | e of filing/registration in Florida | 1. Document number | | | |
| 5. (a) | Registered Agent and Registered Office shown on the | ne records of the Florida De | ept. of | State: | |
| | Registered Agent: | Clark J. Davis | | | |
| | Registered Office Address: | 1850 SE 17th Street Fort Lauderdale, Florida 33316 | <u>₹6</u> | ವ_ | |
| | | | AHA | SEP - | 7 |
| (b) | Enter name of NEW Registered Agent and/or NEW | V Registered Office addre | SST CI | -9 | |
| | NEW Registered Agent: | Clark J. Davis | ES | P# 15 | 0_ |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | 230 Truck and Trailer Way | ORIDA | 12: 23 | |
| | | West Palm Beach | ,FL | 33413 | <u>-</u> |
| confirmand the liability the me the 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) moers of the limited liability company or as otherwise rating agreement of the limited liability company. | orida street address of the re | egistero | ed off mited | |
| • | • | | | | |
| Clark J. D Printed of | avis or typed name of signee | - | | | |
| I here comply and I a Chapte addres | by accept the appointment as registered agent and accept the provisions of all statutes relative to the promotions of my positions of my positions of my positions. Or, if this document is being filed to mere, I have by confirm that the limited liability company | gree to act in this capacity, per and complete performa ition as registered agent as ely reflect a change in the i has been notified in writing | I furth ince of s provide registe g of the | ier ag my di ded fo red oj is châ | ree to uties, or in fice nge. |

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