40000071772

(Reque	estor's Name)		
(Addre	es)		
(Addre	ss)		
(City/S	tate/Zip/Phone	· #)	
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Fili	ng Officer:		

Office Use Only



000251474060

09/09/13--01037--016 **550.00

IS SEP -9 PM 1: 43
SECRETARY OF STATE
ALLAHACCEF ELOCIO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YELLOW CAB OF JACKSONVILLE GROUP, 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

YELLOW CAB OF JACKSONVILLE GROUP, 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

₃₁,561

, 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. Na	me of the limited liability company: YELLOW CAB OF JACK	(SONVILLE GROUP, 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	
07/07/20	110	L10000071772	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida	a Dept. of State:
	Registered Agent:	Clark J. Davis	
	Registered Office Address:	1850 SE 17th Street Fort Lauderdale, Florida 33316	
			13 S
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office add	dress 7 7
	NEW Registered Agent:	Clark J. Davis	SE SE F
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	230 Truck and Trailer Way	
		West Palm Beach	9rt FL 93413
confir and th liabili the me the op	limited liability company is not organized under the lamed that after the change or changes are made, the Flue business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise the limited liability company.	orida street address of th ical. Or, in the case of a was/were authorized by	ne registered office Florida limited an affirmative vote of
Signatu	re of a member or authorized representative of a member		
Clark J. Printed	Davis or typed name of signee	-	
I here compi and I Chapi addre	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poster 108, F.S. Or, if this document is being filed to meass, I hereby configuration that the limited liability company	gree to act in this capact oper and complete perfoi sition as registered agen rely reflect a change in t has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.

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

Signature of Registered Agent