40000071772

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600269334516

02/12/15--01018--015 **350.00

15 FEB 12 PH 2: 03

COVER LETTER

Regisfration Section
Division of Corporations

TO:

SUBJECT:	YELLOW CAB OF JACKSONVILLE GROUP, LLC				
SUBJECT.	l Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to 1	the following:		
Jamie Cla	rk Dixon, Esq.				
	Name of Person	,, ,,,,, ,,			
Wadswort	h Huott, LLP				
	Firm/Company				
2401 East	Atlantic Blvd., Suite 400				
	Address				
Pompano	Beach, FL 33062				
	City/State and Zip Code				
	sworth-law.com				
E-mail	address: (to be used for future ann	ual report n	otification)		
For further i	nformation concerning this matter,	please call:			
Jamie Cla	rk Dixon, Esq.	954 at (565-3398		
	Name of Person	ur (Area Code & Daytime Telephone Number		
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	sed 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 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 10// 10	VELLOW C	AD OF IACKS	ONVILLE CROUP II C
1. N	ame of the limited liability company:	AB OF JACKS	ONVILLE GROUP, LLC
2. (a)	230 Truck and Trailer Way	(b)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, Florida 33413		
	7/27/2010	 L1000	00071772
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Clark J. Davis		Document names.
()	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of	State:
	230 Truck and Trailer Way		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	West Palm Beach , F	L_33413	
(b)	Jamie Clark Dixon, Esq.		SECRET ALLAH
` '	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	FILETAR ETAR HASS
	Wadsworth Huott, LLP, 2401 East Atlantic	EED RY OF SEE. I	
	NEW Registered Office Address:		FILED B 12 PM 2: 03 ETARY OF STATE HASSEE, FLORIDA
	Pompano Beach , F	L 33062	
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company, of the limited liab	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, l ed in writing of this shange.	gree to act in this e performance of ed for in Chapter I hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been

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

ignature of Registered Agent