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COVER LETTER ...

TO: Registration Section Division of Corporations

 $_{
m SUBJECT:}$ YELLOW CAB OF PALM BEACH, 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 PALM BEACH, 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

....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	ne of the limited liability company: YELLOW CAB OF PALM	MBEACH, LLC	
2. (a)		Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	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	L10000071800	
3.	Dat	e of filing/registration in Florida	4. Document number	
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florid	a Dept. of State:
		Registered Agent:	Clark J. Davis	
		Registered Office Address:	1850 SE 17th Street Fort Lauderdale, Florida 33316	13 SEP FI
	(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office ad	
		NEW Registered Agent:	Clark J. Davis	FLORA ::
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	230 Truck and Trailer Way	RIDA RIDA
			West Palm Beach	,FL 33413
co an lia the the	nfirr d the bilit e me e ope	imited liability company is not organized under the land that after the change or changes are made, the Flebusiness 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 cal. Or, in the case of a was/were authorized by	he registered office a Florida limited y an affirmative vote of
_	rk J. D nted o	avis or typed name of signee	-	
I i co. an Ch ad	here mply d I d apte dres	by accept the appointment as registered agent and a with the provisions of all statules relative to the proving familiar with and accept the obligations of my power 608, F.S. Or, if this document is being filed to mean s, I hereby confirm that the limited liability company	gree to act in this capac oper and complete perfo sition as registered age rely reflect a change in has been notified in wi	city. I further agree to wrmance of my duties, on as provided for in the registered office riting of this change.

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

Signature of Registered Agent