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SECRETARY OF STATE ALLAHASSEE, FLORIDA

AND FILED

FEB 1.7 2015

COVER LETTER

TO:

INHS18 (2/14)

| TO: Registration' Section Division of Corporations | |
|--|---|
| YELLOW CAB OF PALM BEAC | H, LLC |
| | Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office C | hange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | tter to the following: |
| Jamie Clark Dixon, Esq. | |
| Name of Person | |
| Wadsworth Huott, LLP | |
| Firm/Company | |
| 2401 East Atlantic Blvd., Suite 400 | |
| Address | |
| Pompano Beach, FL 33062 | |
| City/State and Zip Code | |
| jcd@wadsworth-law.com | |
| E-mail address: (to be used for future annual re | eport notification) |
| For further information concerning this matter, pleas | se call: |
| Jamie Clark Dixon, Esq. | 954 565-3398 |
| 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 amo | unt: |
| ☑ \$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. Na | ime of the limited liability company: YELLOW CAR | B OF F | PALM BEA | ACH, LLC | | | |
|-------------------------------|--|---|--|--|--|------------------------------------|--|
| 2. (a) | 230 Truck and Trailer Way | (1 | o) | | | | |
| z. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) West Palm Beach, Florida 33413 | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | | | | | | |
| | 7/27/2010 | | L100000 | 71800 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | • | | |
| 5. (a) | Clark J. Davis | | | | | | |
| . () | Registered Agent and Registered Office shown on the records of t | the Florid | a Dept. of Sta | te: | | | |
| | 230 Truck and Trailer Way | | , | _ | | | |
| | Registered Office Address . (MUST BE FLORIDA STREET A | <u>1DDRES.</u> | <u>2)</u> | | | | |
| | West Palm Beach , FL | 33413 | . | - | | | |
| (b) | Jamie Clark Dixon, Esq. | | . <u>.</u> | _ | TALL | 15 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office ac | <u>ldress</u> : | | AH. | FEB | |
| | Wadsworth Huott, LLP, 2401 East Atlantic B | Blvd., S | uite 400 | | RETARY OF AHASSEE, F | 12 | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |
| | NEW Registered Office Address: | | | _ | E F | P# 2 | (c) |
| | | | | _ | " STATE FLORID, | 2: 06 | |
| | Pompano Beach | 33062 | | | DA DA | יט | |
| 16.1 | | | | - | | -4 - C 4 | |
| the cha agent v was/we | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organifation or the operating agreement of the | the regability confirmation of the limited | istered offic ompany, it nited liabili | te and the business of is hereby confirmed ty company or as of mpany. | office of the that the ch | regis ange(: | stered s) |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name | of signee | | |
| provisi the obl to merc | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have been aftered of this change. | ee to ac perforn d for in hereby c | t in this cap nance of my Chapter 60 confirm thai | pacity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability | ree to comp miliar with ocument is ocompany h | ly witt and a being as be | h the ccept filed en |
| Signatu | re of Registered Agent | | _ | | | | |

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