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COVER LETTER

TO: Registration Section Division of Corporations PENINSULA TRANSPORTATION MANAGEMENT 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 PENINSULA TRANSPORTATION MANAGEMENT GROUP, LLC Firm/Company 230 Truck and Trailer Way Address West Palm Beach, Florida 33413 City/State and Zip Code idavis@yellowcabflorida.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clark J. Davis Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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.	Nar	ne of the limited liability company: PENINSULA TRANSPO	RTATION MANAGEMENT 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/	07/201	0	L10000071826			
3.	Dat	e of filing/registration in Florida	1. Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		Registered Agent:	Clark J. Davis			
		Registered Office Address:	1850 SE 17th Street Fort Lauderdale, Florida 33316	<u> </u>	بند	·
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	√ Registered Office addre	SSE U	SEP -9	FILE
		NEW Registered Agent:	Clark J. Davis	파숙 파 _다	P	<u> </u>
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	230 Truck and Trailer Way	TATE ORIDA		
			West Palm Beach	,FL	3341	3
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 Florender business 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 re	egister orida li	ed o	ffice
_	rk J. D	or typed name of signee				
I i co an Cr ad	here mply d I d lapte dres	by accept the appointment as registered agent and as with the provisions of all statutes relative to the promise familiar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to mer s, I hereby confirm that the limited liability company	ree to act in this capacity. per and complete performa ition as registered agent a ely reflect a change in the has been notified in writin	I furth ince of s provi registe g of th	ner d my ded red is cl	agree to duties, for in office aange.
Si	gnatur	e of Registered Agent				

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