

L1D0000074102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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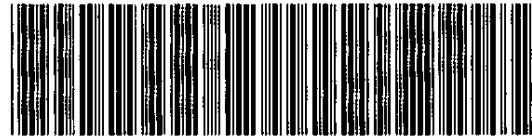
Special Instructions to Filing Officer:

**L. SELLERS**

AUG 4 2010

6 **EXAMINER**

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**FILED**  
10 AUG -3 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Air Medic of Northwest FL, 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:

Patrick L. Campbell  
Name of Person

Air Medic of Northwest FL, LLC  
Firm/Company

1525 Water Oak dr  
Address

Lynn Haven, FL 32444  
City/State and Zip Code

pkcamp007@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick L. Campbell at (850) 527 4954  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2010

PATRICK L. CAMPBELL  
1525 WATER OAK DRIVE  
LYNN HAVEN, FL 32444

SUBJECT: AIR MEDIC OF NORTHWEST FL, LLC  
Ref. Number: L10000074102

We have received your document for AIR MEDIC OF NORTHWEST FL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct number 1 of the application to reflect the name of the entity filing this document. Number 5 (a) should contain the name of the agent CURRENTLY on file for the above mentioned entity (see attached computer printout).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 210A00017751

**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. Name of the limited liability company: AIR MEDIC of NORTHWEST FL, LLC  
~~Southwind Services, LLC~~

2. (a) Principal office address of limited liability company:  1525 WATER OAKS DR  
LYNN HAVEN, FL 32444  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  1525 WATER OAKS DR  
LYNN HAVEN, FL 32444  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 7.14.2010

4. Document number: L10000074102

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Spirolet + Utrera, PA  
1840 SW 22 Street, 4th floor  
Miami, FL 33145

Registered Office Address:

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

AIR MEDIC of NORTHWEST FL, LLC  
Patrick L. Campbell  
1525 WATER OAKS DR  
LYNN HAVEN, FL 32444

**NEW Registered Office Address:**  
(**MUST BE FLORIDA STREET ADDRESS**)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Patrick L. Campbell  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

FILED  
10 AUG -3 PM  
SECRETARY OF STATE  
TALLAHASSEE, FL

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