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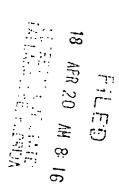
(Requestor's Name)						
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O SIMMONS APR 5 2018

## 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	me of the limited liability company: LIFEGUARD A	MBULANCI	E SERVICE OF TEXAS, LLC
2. (a)	216 Aquarius Drive, Suite 303	(b)	1001 Boardwalk Springs Place, Suite 250
` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Birmingham, AL 35209	<u> </u>	O'Fallon, MO_66368
	02/16/2011	(	_11000020142
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
J. (U)	Registered Agent and Registered Office shown on the records of	the Florida D	ері, of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
		<u> </u>	
	Plantation , FI_	33324	
(b)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	Enter hame or M.N. Registered Agent and/or NEW Registered	Conice addre	<u>v</u> .
	1201 Hays Street		
	NEW Registered Office Address:		<del></del>
	Tallahassee F1	22204	
	, FL	32301	<del> </del>
the cha agent w was/we	mited liability company is not organized under the law nige or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable to organize by an affirmative vote of the members of cless of organization or the operating agreement of the	the registerability composite in the limite limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.
Signat	ure of a member or authorized representative of a member	JIII CIII	ni, Authorized Person Printed or typed name of signee
I herel provisi the obli to mere notified	or accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide in the registered office address, I it in writing of this change.	performand d for in Cha hereby conf	this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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١.	Na	me of the limited liability company: LIFEGUARD AM	BULAN	CE SERVIC	CE OF TEXAS, LLC
2.	(a)	216 Aquarius Drive, Suite 303	(b	1001 Bo	pardwalk Springs Place, Suite 250
	(7	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	·	tailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Birmingham, AL 35209	_	O'Fallon,	MO 66368
		02/16/2011	_	L1100002	0142
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T Corporation System			<u>.</u>
	(-)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	
		1200 South Pine Island Road			景 [ ]
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		27 1
		-		•	
		Plantation F1	33324		PALED M 8-16
		, 12	00024		টুই ক
(b)	(b)	Corporation Service Company			·
	` ,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:	
		1201 Hays Street			
		NEW Registered Office Address:			
			<u>_</u>		
		Tallahassee Fi	32301		
		, FL	32301		
the age: was	chai nt w /we	mited liability company is not organized under the lawsing or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liability to the members of the organization or the operating agreement of the limited liability.	he regist pility cor the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Xel & Whee	Jill C	ilmi, Authori	ized Person
Si	gnati	ure it a member or authorized representative of a member			Printed or typed name of signee
pro the to n noti	visio obli iere fied	vaccept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pogations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	erforma for in C	nce of my d hanter 605	uties, and I am familiar with and accept F.S. Or if this document is being filed
Sign	natur	e of Registered Agent Corporation Service Company	BY: An	ni M. Casp	er, Asst. Vice President



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 18, 2018

Order#: 153265/055

Re: LIFEGUARD AMBULANCE SERVICE OF TEXAS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX \_\_ Check in the amount of \$25 \_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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