11/0000 859/6

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600251474006

09/09/13--01037--016 **550.00

TILED

SEP -9 PH 1: 42
SEUNE JANT OF STATE
AND ABASSEE FRANCE

SEP 1 1 2013

COVER LETTER

TO: Registration Section Division of Corporations PARAMEDICAL TRANSPORTATION, 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 PARAMEDICAL TRANSPORTATION, LLC Firm/Company 230 Truck and Trailer Way 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 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 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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: PARAMEDICAL TRANSI	SPORTATION, 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, Flonda 33413	
07/26/201		L11000085916	
3. Dat	e of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:	
	Registered Agent:	Clark J. Davis	
	Registered Office Address:	1850 SE 17th Street Fort Lauderdale, Florida 33316	_
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address Clark J. Davis	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	230 Truck and Trailer Way	_
confirmand the liabilit the me the ope	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited hability company or as otherwise erating agreement of the limited liability company.	lorida street address of the registered office	of
Clark J. D	·	– gree to act in this capacity. I further agree oper and complete performance of my duties sition as registered agent as provided for in rely reflect a change in the registered binge whas been notified in writing of this change	to s,