

L120000 58495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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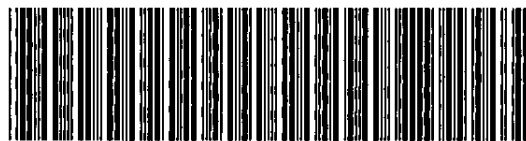
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 12 2013

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Metro Medtrans 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:

Lori Youmans

Name of Person

Metro Medtrans llc

Firm/Company

4903 Soft Rush St.

Address

Orlando FL 32811

City/State and Zip Code

lori\_global@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Youmans

Name of Person

at ( 612 ) 366-1381

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

**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: Metro Medtrans, llc

2. (a) Principal office address of limited liability company: 6239 Edgewater Drive  
**(Note: MUST BE STREET ADDRESS)**

Suite N4  
Orlando, FL 32811

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

883 St. Anthony Ave.  
St. Paul, MN 55104

5/1/2012

3. Date of filing/registration in Florida

L12000058495

4. Document number

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

Registered Agent:

Keith Miller

Registered Office Address:

7326 Edgewater Drive  
Orlando FL 32810

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

**NEW** Registered Agent:

Lori Youmans

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

6239 Edgewater Drive  
Suite N4  
Orlando, FL 32811

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.

David Youmans  
Signature of a member or authorized representative of a member

David Youmans

Printed or typed name of signer

*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.*

David Youmans  
Signature of Registered Agent

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