

L13000144897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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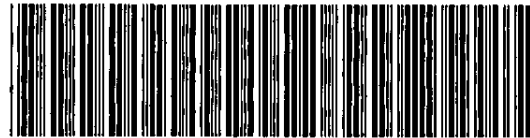
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 02 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELLIS EMERGENCY MEDICAL SERVICES, PLLC  
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:

Lisa Wright

Name of Person

Financial Designs Inc.

Firm/Company

11225 College Blvd., Ste 300

Address

Overland Park, KS 66210

City/State and Zip Code

lisaw@financialdesignsinc.com

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

For further information concerning this matter, please call:

Lisa Wright

Name of Person

at ( 913 ) 492-6008

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 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. Name of the limited liability company: ELLIS EMERGENCY MEDICAL SERVICES, PLLC

2. (a) 540 Carillon Parkway (b) 540 Carillon Parkway

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

#3062

#3062

St. Petersburg, FL 33716

St. Petersburg, FL 33716

October 15, 2013

L13000144897

3. Date of filing/registration in Florida

4. Document number

5. (a) Beth H. Ellis

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

540 Carillon Parkway

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

#3062

St. Petersburg, FL 33716

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

491 22nd Ave SE

NEW Registered Office Address:

St. Petersburg, FL 33705

14 APR 24 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Beth H. Ellis  
Signature of a member or authorized representative of a member

Beth H. Ellis

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 605, 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.*

Beth H. Ellis  
Signature of Registered Agent