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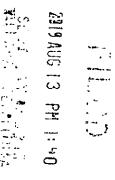
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•					
SUBJECT: On Call Patrol CLC Name of Limite	d 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:					
Matrieu Boileau Name of Person						
Firm/Company						
1536 NE 3154 SH Address	<del></del>					
Pompono Beach, FL 330 City/State and Zip Code	<u>x</u> -(					
E-mail address: (to be used for future annual report no	OM otification)					
For further information concerning this matter, please call:						
MAKK 1/55 A at (95) Name of Person	7) 496-4620 Area Code & Daytime Telephone Number					
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
S25 Filing Fee	\$55 Filing Fee & Certified Conv.					

## 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.

I. Na	me of the limited liability company: OnCall	Pai	107	210			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	/ <del></del>	46 Investigation 46 Inv	limited liabi	lity comp	pany:
	Lauderhill, FL 33319	<del>-</del>	Lau	Sethill,	FL	33	319
	3/4/2014		L 140	00036			
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)	Registered Agent and Registered Office shown on the records of the HUHO Injectory Blvcl Registered Office Address (MUST BE FLORIDA STREET A.)			::			
(b)	Lauderhill FL. Mathieu Boileau	<u>33</u>	319		200	Zeis aug i	•
•	Enter name of NEW Registered Agent and/or NEW Registered (		ress:		1	3 PH !:	
	NEW Registered Office Address:			•	Marie National	Ö	
	Lauderh:11 ,FL	33	319				
the char agent w was/we the artic	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative yore of the members of cles of organization or the operating agreement of the liant of a member or authorized representative of a member.	the regist bility cor the limi	tered office mpany, it is ted liability ability com	and the busine hereby confirm company or a	ess office of med that the s otherwis	of the re ne chang e provid	egistered ge(s)
I hereb provision the obli to mere	ov accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations offmy position as registered agent as provided by reflectla change in the registered office address. I ha	e to act performa for in C ereby co					with the d accept ing filed been

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

notified in writing of this change.

Signature of Registered Agent