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JUL 26 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Xpress Medical Shuttle, 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:

Julie M Cadiz

Name of Person

Xpress Medical Shuttle, LLC

Firm/Company

21525 NW 40th Ave

Address

Micanopy, FL 32667

City/State and Zip Code

jewels197342@gmail.com

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

For further information concerning this matter, please call:

Julie M Cadiz

at ( 352 )

464-8888

Name of Person

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Xpress Medical Shuttle

2. (a) 21525 NW 40th Ave (b) 21525 NW 40th Ave

Principal office address of limited liability company:

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

Micanopy, FL 32667

Mailing address of limited liability company:

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

Micanopy, FL 32667

7-14-16

L16000132859

3. Date of filing/registration in Florida

4. Document number

5. (a) Julie M Cadiz

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

Xpress Medical Shuttle

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

21525 NW 40th Ave

Micanopy, FL 32667

(b) Julie M Cadiz

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

Xpress Medical Shuttle

NEW Registered Office Address:

4650 219th St Rd

Micanopy, FL 32667

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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.

Julie M Cadiz

Signature of a member or authorized representative of a member

Julie M Cadiz

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.*

Julie M Cadiz

Signature of Registered Agent