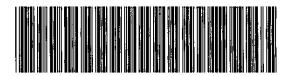
L16000 172859

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

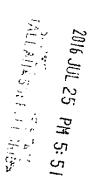
Office Use Only



800288198218

TALLAHASSEE PH 2: 48

07/26/16--01010--009 **25.00



JUL 2 6 2016 S. YOUNG

COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: Xpress Medical Shuttle, LLC | |
| | Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office C | hange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | tter 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 re | port notification) |
| For further information concerning this matter, pleas | e call: |
| Julie M Cadiz | 352 464-8888 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | rananassee, monta 32314 |
| Enclosed is a check for the following amou | unt: |
| 2 \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |

INHS18 (2/14)

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

| a) | 21525 NW 40th Ave | | (b) 21525 I | NW 40th Ave | |
|------|---|------------------------------|--------------------------------|-------------------------------|-----------------------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited li | |
| | Micanopy, FL 32667 | | Micanor | by, FL 32667 | |
| | 7-14-16 | - | L160001 | 32859 | |
| | Date of filing/registration in Florida | 4. | | Document number | |
| (a) | Julie M Cadiz | | | | 15 |
| (a) | Registered Agent and Registered Office shown on the records | _ te: | | | |
| | Xpress Medical Shuttle | | | | 25 |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | _ | • |
| | 21525 NW 40th Ave | | | | PH 2 |
| | Micanopy | FL 3266 | 7 | _ | 2: 49 |
| b) , | Julie M Cadiz Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | | | - | |
| | Xpress Medical Shuttle | | | | |
| | NEW Registered Office Address: | | | _ | |
| | 4650 219th St Rd | | | _ | |
| | Micanopy | FL3266 | 7 | _ | |
| hai | mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited | laws of the of the liability | he State of Flogistered office | e and the business offic | e of the regist the change(|

Signatur of a member or authorized representative of a member

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.