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J. HARRIS

COVER LETTER

TO:	Registration Section
	Division of Comorations

SUBJECT: REM MOBILE Drug TESTING 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:

Rachel Edwards Marshall
Name of Person

REM Mobile Drug Testing, 11C
Firm/Company

P.D. BX 142734

Garnsville FL 321014
City/State and Zin Code

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

For further information concerning this matter, please call:

Rachel Edwards Marshall 352; 284-3915

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



May 23, 2018

RACHEL EDWARDS MARSHALL PO BOX 142734 GAINESVILLE, FL 32614

SUBJECT: REM MOBILE DRUG TESTING, LLC

Ref. Number: L16000199917

We have received your document for REM MOBILE DRUG TESTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

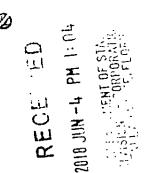
The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00010810





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. Na	ame of the limited liability company: REM MOBILE	DRU	JG —	TESTING	3,LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1411 NW 6TH STREET STE. 120	_	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BOX 142734		
	GAINESVILLE, FL. 32601	_		GAINES	VILLE, FL. 32614		
	10/31/2016		l	_1600019	9917		
3.	Date of filing/registration in Florida	4.	_		Document number		
5. (a)	CJ MARSHALL INC						
-: (-)	Registered Agent and Registered Office shown on the records of t	the Flor	ida	Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRE	<u>(SS)</u>				
	ARCHER	3261	8	<u>-</u>	A JUN BETT		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> <u>NEW Registered Office Address:</u>	Office	add	ress:	JUH - H AM 80 D		
	1411 NW 6TH STREET STE. 120						
	GAINESVILLE	3260	1				
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of coles of organization or the operating agreement of the	the re ability of the l limite	gist cor imi d li	tered office mpany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee		
provisi the obl to merc to tified	by accept the appointment as registered agent and agricons of all statules relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to c perfor d for it tereby	ict ma n C co	in this cape ince of my o hapter 605 nfirm that i	ncity. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been		
	Division of Corporations P.O. E	30x 63	27	• Tallahas	see, FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)