

U16000199917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 JUN -4 AM 8:01  
FBI ARIZONA

JUN 08 2018  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

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, LLC  
Firm/Company

P.O. Box 142734  
Address

GAINESVILLE FL 32604  
City/State and Zip Code

REMmobileDT@gmail.com  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

RECEIVED  
2018 JUN -4 PM 1:04  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2018 JUN -4 AM 8:01  
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: REM MOBILE DRUG TESTING, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

1411 NW 6TH STREET STE. 120

GAINESVILLE, FL. 32601

Mailing address of limited liability company:

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

PO BOX 142734

GAINESVILLE, FL. 32614

10/31/2016

L16000199917

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 the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

17601 SW 183RD AVE

ARCHER, FL 32618

(b) RACHEL EDWARDS-MARSHALL

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

**NEW** Registered Office Address:

1411 NW 6TH STREET STE. 120

GAINESVILLE, FL 32601

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.

Rachel Edwards-Marshall  
Signature of a member or authorized representative of a member

RACHEL EDWARDS-MARSHALL

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.

Rachel Edwards-Marshall  
Signature of Registered Agent

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