117000255180

(Re	equestor's Name)		
(Ac	ldress)	 	
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



200308922002

02/13/18--01017--016 **25.00



D. SCOTT FEB 1 5 2018

COVER LETTER

Division of Corporations		
SUBJECT: Extramile Companion Services, 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:		
Camille Samuels Name of Person		
Firm/Company		
8928 NW 38th Drive		
Coval Springs FL 33065 City/State and Zip Code		
Lemail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Carnett McNaught at (954) 515 6885 Name of Person Area Code & Daytime Telephone Number		
★ STREET/COURIER ADDRESS: Registration SectionMAILING ADDRESS: Registration SectionDivision of Corporations Clifton BuildingDivision of Corporations P.O. Box 63272661 Executive Center Circle Tallahassee, Florida 32301Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
□ \$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 Florida:

l. Na	ame of the limited liability company: Extramile Compani	ion Services, LLC
	3030 N. Rocky Point Dr Tampa (b) 3030 N	· · · · · · · · · · · · · · · · · · ·
3. 5. (a)	7	1000 255 180 Document number
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3030 N. Rocky Point Drive Tampa , FL 33607 Camile Samuels Enter name of NEW Registered Agent and/or NEW Registered Office address:	MI FED 13 P
	NEW Registered Office Address: 8928 NW 38 th Drive Coral Springs FL 33065	2: 18 LORIDA
the cha agent w was/we the artic	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liability clessof organization or the operating agreement of the limited liability compared to the limited liabili	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. - MCNaught Printed or typed name of signee
provision the oblination to the oblination to the contract of	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address, I hereby confirm that the positions of this change. The of Registered Agent	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been