

L18000115673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

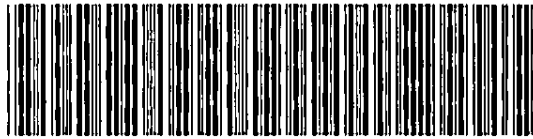
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JAN 24 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACHECO MEDICAL TRANSPORT, 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:

NELSON PACHECO

Name of Person

PACHECO MEDICAL TRANSPORT, LLC

Firm/Company

4369 HUNTERS PALM LANE

Address

ORLANDO, FL. 32937

City/State and Zip Code

pachecomedicaltransport@gmail.com

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

19 JAN 17 PM 2:39

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nelson Pacheco

Name of Person

at (305) 879-6683

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

December 21, 2018

NELSON PACHECO
PACHECO MEDICAL TRANSPORT LLC
4369 HUNTERS PARK LANE
ORLANDO, FL 32537

SUBJECT: PACHECO MEDICAL TRANSPORT, LLC
Ref. Number: L18000115673

We have received your document for PACHECO MEDICAL TRANSPORT, 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):

We need the actual application for the registered agent change. All we received with the cover letter and your check.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 718A00026259

RECEIVED
2019 JAN 18 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FL

**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: PACHECO MEDICAL TRANSPORT LLC

2. (a) 4369 Hunters Park Ln, Orlando, FL 32837 (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

4369 HUNTERS PARK LN

4369 HUNTERS PARK LN

ORLANDO, FL 32837

ORLANDO, FL 32837

05/02/2019

L18000115673

3. Date of filing/registration in Florida

4. Document number

5. (a) NELSON PACHECO

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

4369 HUNTERS PARK LN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4369 HUNTERS PARK LN

ORLANDO, FL 32837

(b) NELSON PACHECO

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

1907 Reef Club Dr

NEW Registered Office Address: AGENT ADDRESS

1907 Reef Club Dr, #303

KISSIMEE

FL 3474

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.

Signature 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.

Signature of Registered Agent