## 48000246339

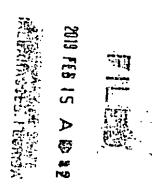
(	Requestor's Name)	
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Special Instructions	to Filing Officer:	
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T. LEWIEUX

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rapid Response Medical Transportation 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:
Alexandra Marie Ciner Name of Person
Rapid Response Medical Transportation LLC Firm/Company
83 6354 NW 72 nd Place Address
Parkland FL 33067  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Inna Portanu at (718) 290-4295  Name of Person Area Code & Daytime Telephone Number
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 \$\square\$ \$55 Filing Fee & Certified Copy



January 8, 2019

ALEXANDRA MARIE CANER 6359 NW 72 PL PARKLAND, FL 33067

SUBJECT: RAPID RESPONSE MEDICAL TRANSPORTATION LLC

Ref. Number: L18000246339

We have received your document for RAPID RESPONSE, MEDICAL TRANSPORTATION 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):

Alexandra M Caner needs to as the new registered agent nit Inna Portnov.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 019A00000559

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## 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: Rapid Response Medical Transport	tation UC
2. (a) 8350 WSR84 Dower FL 33324 (b) 8350 WSP 84 Davie	FL 33324
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OF I	
(NOTE: MOST BESTALLI ADDRESS)	140 0410
-	<del></del>
10/19/18 18000246339	7
3. Date of filing/registration in Florida 4. Document number	-
5. (a) Inna PORTNOV	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
8350 W SP 84 \$	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Davie ,FL 33329	1
(b) Alexandra Marie Caner	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
6354 NW72 nd Place	· !
NEW Registered Office Address:	संस
Parkland, FL 33067	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm	ed that after
the change or changes are made, the Florida street address of the registered office and the business office agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the	of the registered
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwis	e provided in
the articles of organization or the operating agreement of the limited liability company.	፲
Signature of a member or authorized representative of a member  Town Fortwood  Printed or typed name of sign	ce
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a	omply with the
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume	omply with the
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume to merely reflect a change in the registered office address, I hereby confirm that the limited liability comp notified in writing of this change.	omply with the

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