

L19000170152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

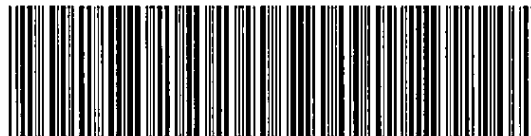
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 19 PM 2:30

Ra Office Change

AUG 30 2019

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICA MEDTRANS, 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:

VICTOR A. RUSSO SOLER

Name of Person

Firm/Company

5104 CONROY ROAD UNIT 227

Address

ORLANDO FL 32811

City/State and Zip Code

americamedtrans77@gmail.com

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

For further information concerning this matter, please call:

VICTOR A RUSSO SOLER

Name of Person

at ( 954 )

8228212

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

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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: AMERICA MEDTRANS, LLC

2. (a) 5104 CONROY ROAD UNIT 227 (b) 5104 CONROY ROAD UNIT 227

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

ORLANDO FL 32811

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

ORLANDO FL 32811

07-01-2019

3. Date of filing/registration in Florida

L19000170152

4. Document number

5. (a) VICTOR A RUSSO SOLER

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

5104 CONROY ROAD UNIT 227

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO

32811

(b) 124 NORTH NOVA ROAD

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

ORMOND BEACH

NEW Registered Office Address:

32174

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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.

VICTOR A RUSSO SOLER

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