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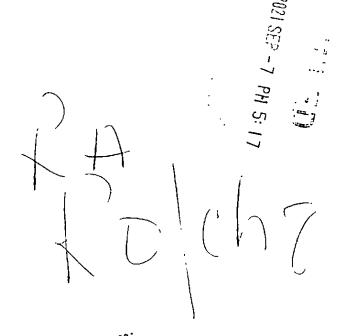
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Office Use Only



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## **COVER LETTER**

Division of Corporations				
SUBJECT: Emergency Health S Name of Limited Lia	Safety 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 fo	ollowing:			
South Ruliande Name of Person	_			
Energency Healt / Safety Trans	<u>1</u> 9/.1			
2719 Hollywood Blud	_			
Holly wood FL 33020 City/State and Zip Code	_			
E-mail address: (to be used for future annual report notific	nation)			
For further information concerning this matter, please call:				
Coff Richard at 518  Name of Person	) 903 2841 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

☐ \$55 Filing Fee & Certified Copy

**⊈**\$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section

## 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.

. Na	me of the limited liability company: Encycline, Health	Bafcky TE	CINCO
?. (a)	Principal office address of limited liability company: Mail  (Note: MUST BE STREET ADDRESS)	ing address of limited liability  ine: MAY BE POST OFFICE	company: ' EBOX)
	Hollywood FC 33020 Lane	lehill FL.	33313
	S   1 ≤ 2	CCCCZ4:705	ひ
•		eument number	<b></b> .
. (a)	Registered Agent and Registered Office shown on the records of the Morida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	36, Oclando FL 32822		
	, F1. 32f22		202
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		2021 SEP - 7
	Tallet hanc of New Negating Agent and or 1111 Agent and a		
	NEW Registered Office Address;		PM S
	Hollywood FL 33020		17
	.EL 37ので	•	
If the l	imited liability company is not organized under the laws of the State of Floric or changes are made, the Florida street address of the registered office and the	la, it is hereby confirmed ne business office of the	that after the

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