

L24000360826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

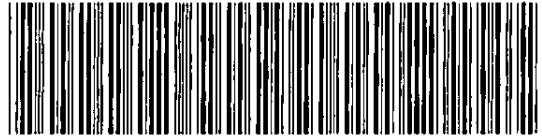
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400437401544

2025 OCT -7 PM 4:32  
SECURITY  
FALL 2025

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Uva 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:

Johanna Carcedo  
Name of Person

Uva Medical Transport LLC  
Firm/Company

5079 Hoffner Ave #7103  
Address

Orlando, Florida, 32812  
City/State and Zip Code

Uva.medicaltransport@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johanna Carcedo at (407) 4863171  
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

☐ \$55 Filing Fee & Certified Copy

2024 OCT -7 PM 4:32  
SECRET  
TALLAHASSEE, FLORIDA

**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: Uva Medical Transport LLC

2. (a) 7901 4th St N (b) 7901 4th St N  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

STE 300  
St. Petersburg

STE 300  
St. Petersburg

3. 08/16/2024 4. L24000360 826  
Date of filing/registration in Florida Document number

5. (a) Johanna Carcedo  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5079 Hoffner Ave #7103  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32812  
\_\_\_\_\_, FL

2021 OCT -7 PM 4:32  
RECEIVED  
TALLAHASSEE

(b) Registered Agents Inc  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7901 4th St N  
**NEW Registered Office Address:**  
STE 300  
St. Petersburg, FL 33702

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.

Johanna Carcedo  
Signature of a member or authorized representative of a member

Johanna Carcedo  
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.

David Roberts David Roberts - Assistant Secretary  
Signature of Registered Agent