## MO2755

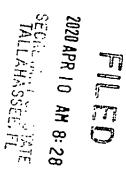
(Re	questor's Name)		
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(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
	·	
SUBJ	ECT: AIR AMBULANCE CENTRAL, INC	
Name	of Corporation	
DOC	UMENT NUMBER: M02755	
The e	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
LAWE	RENCE R BERCU	
Name	of Contact Person	<del></del>
AIR A	MBULANCE CENTRAL INC.	
Firm/0	Company	
7623 S	OUTHAMPTON TERR., SUITE 405B	
Addre	SS	
TAMA	ARAC, FL 33321	
City/S	tate and Zip Code	<del></del>
	AIRMEDUSA@GMAIL.CO	DM
E-mai	l address: (to be used for future annua	
	(	
For fu	rther information concerning this matter,	please call:
LAWR	RENCE R BERCU	21 (305) 582-327
	Name of Contact Person	at (305) 582-327) Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this pration organized under the laws of the State of FLORIDA  Tice or registered agent, or both, in the State of Florida.
	the corporation: AIR AMBU	
	l office address: 7623 SOUTH	IAMPTON TERR., SUITE 405B
3. The mailing	address (if different): SAME	AS ABOVE
		Document number: M02755
5. The name an		t registered agent and registered office on file with the
	LAWRENCE R BERCU	APR
	6538 COLLINS AVE. #298	HAS HAS
	MIAMI BEACH, FL 33341	ر ملک ، سبب
6. The name an (if changed):	d street address of the new re	gistered agent (if changed) and /or registered office
	LAWRENCE R BERCU	
	7623 SOUTHAMPTON TERR., SUITE 405B	
	TAMARAC, FL 33321	P.O. Box NOT acceptable
The street address changed will	ess of its registered office an	nd the street address of the business office of its registered agent,
		duly adopted by its board of directors or by an officer so has been notified in writing of the change.
x XKBor	w .	LAWRENCE R BERCU, PRESIDENT
<del>-</del>	re of an officer or director the appointment as register to comply with the provision d I am familiar with and acc ng filed merely to reflect a c is been notified in writing of i	Printed or typed name and title ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.
· IRBO	nu	04/05/2020
•	nature of Registered Agent	Date
	half of an entity:	
	CE CENTRAL, INC.	<del></del>
13		FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)