M18000001079

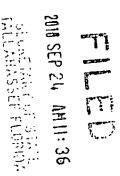
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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September 24, 2018

NICK BERRY 1201 HAYS ST. TALLAHASSEE, FL 32301

SUBJECT: PARAMEDICS LOGISTICS FLORIDA, LLC

Ref. Number: M18000001079

We have received your document for PARAMEDICS LOGISTICS FLORIDA, 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):

There is no Statutory provision allowing a foreign qualified entity to file a Statement of Authority.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 218A00019937

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Paramedics Logistics F	
Name of Foreign Limited	Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Nick Berry	
Name of Person	
Paramedics Plus Logistics Florida, LLC	
Firm/Company	2018 1ACL
12490 Ulmerton Rd	SEP 24 LAHASS
Address	
Largo, FL 33774	AH 11: 36
City/State and Zip Code	<u> </u>
nberry@sunstarems.com	
E-mail address: (to be used for future annual report not	tification)
For further information concerning this matter, places and	1.
For further information concerning this matter, please call Nick Berry	
	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
	5 Filing Fee & S60 Filing Fee. rtified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of		
State: Paramedics Logistics Florida, LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		— —
2. The Florida document number of this limited liability company is: M18000001079	A [] [] [] [] [] [] [] [] [] [- SE 8110
3. Jurisdiction of its organization: DE	IASS!	EP 24
4. Date authorized to do business in Florida: 1/31/2018	: 17 :	AM/II: 36
SECTION II (5-9 complete only the applicable changes)	021	=: 3
5. New name of the limited liability company: (must contain "Limited Liability Company." "L.L.C.	" or "LL	© C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floric copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	da and atta	ch a e name
6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here:	of the nev	<u>N</u>
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida Street Address		
, Florida, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agr the provisions of all statutes relative to the proper and complete performance of my duties, and I as and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. document is being filed to merely reflect a change in the registered office address, I hereby confirm liability company has been notified in writing of this change.	m familiar Or if dsic	with

itle/ Capacity	<u>Name</u>	Address Type of Action
resident	Ron Schwartz	115 Jordan Plaza Blvd, Suite 200
		Tyler, Texas 75704
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<u>-</u>		
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		Add
		Remov

Filing Fee: \$25.00