

PO0000063453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAPCO

AUG 21 2012

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Handicapped Driver Services-Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P00000063453

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Topper

Name of Contact Person

MobilityWorks

Firm/Company

1500 Canton Road, Suite 208

Address

Akron, OH 44310

City/State and Zip Code

atopper@mobilityworks.com

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

For further information concerning this matter, please call:

Amy Topper

Name of Contact Person

at 234 678-4002

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Handicapped Driver Services-Florida, Inc.
2. The principal office address: 2727 St. Johns Bluff Road, Jacksonville, FL 32246
3. The mailing address (if different): MobilityWorks, 1500 Canton Road, Suite 208, Akron, OH 44312
4. Date of incorporation/qualification: 6/29/2000 Document number: P00000063453
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael N. Schneider

5150 Belfort Road, Building 100

Jacksonville, FL 32256

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John H. Colnaghi

2727 St. Johns Bluff Road

P.O. Box NOT acceptable

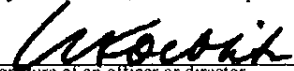
Jacksonville, FL 32246

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

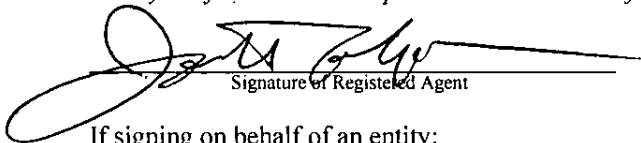


Signature of an officer or director

President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

8/10/12

Date

If signing on behalf of an entity:

John H. Colnaghi

Typed or Printed Name

***** 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 (03/12)