

PD4000159928

\_\_\_\_\_  
(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



800258163908

03/26/14--01017--014 \*\*35.00

FILED  
SECRETARY OF STATE  
14 MAR 25 PM 3:33

RA/RO/ch8  
@ 3.27.14



CORPORATION SERVICE COMPANY

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carol K. Dolor Ext: 3113

Email: cdolor@cscinfo.com

Date: March 25, 2014

Order#: 070039/015

Re: TRANSPORTATION MANAGEMENT SERVICES OF BREVARD, INC.

Enclosed please find:

☒ Change of Registered Agent and Office.  
☐ Power of Attorney enclosed.  
☒ Check in the amount of \$35.  
☐ Other: \_\_\_\_\_

Please take the following action:

☒ File in your office on a routine basis.  
☒ Issue Proof of Filing.  
☒ Please return by regular mail.  
☒ Advance filing fee.  
☐ Other: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.FILE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRANSPORTATION MANAGEMENT SERVICES OF BREVARD, INC  
Name of Corporation

DOCUMENT NUMBER: P04000159928

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:

Lynne Liko - Legal Dept.  
Name of Contact Person

TRANSPORTATION MANAGEMENT SERVICES OF BREVARD, INC  
Firm/Company

6200 S. Syracuse Way, Suite 200  
Address

Greenwood Village, CO 80111  
City/State and Zip Code

Lynne.Liko@evhc.net

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

For further information concerning this matter, please call:

Lynne Liko at (303) 495-1217  
Name of Contact Person 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: Transportation Management Services of Brevard, Inc.
2. The principal office address: 6200 S. Syracuse Way, Suite 200, Greenwood Village, CO 80111
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11-24-04 Document number: P04000159928
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)

HAL SPENCE  
221 N. CAUSEWAY  
NEW Smyrna Beach, FL 32169

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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]  
Signature of an officer or director

CRAIG A. WILSON - SECRETARY  
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.

Corporation Service Company

By: [Signature]

Signature of Registered Agent

3-25-14  
Date

If signing on behalf of an entity:

Carol Doler, Assistant VP

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)

FILED  
SECRETARY OF STATE  
14 MAR 26 PM 3:33