

P141000093687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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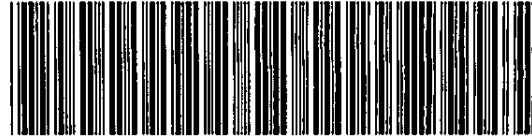
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 20 2016

T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTHCARE RIDE TRANSPORTATION INC.
Name of Corporation

DOCUMENT NUMBER: P14000093687

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:

Mariana C Renfro Ramos

Name of Contact Person

HealthCare Ride Transportation Inc.

Firm/Company

175 Fontainebleau Blvd suite 2D 2

Address

Miami, FL. 33172

City/State and Zip Code

info@healthcareride.net

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

For further information concerning this matter, please call:

Mariana C Ramos

Name of Contact Person

at (786) 391-7374

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: HEALTHCARE RIDE TRANSPORTATION INC
2. The principal office address: 175 Fontainebleau Blvd suite 2D 2
MIAMI FL 33172
3. The mailing address (if different): P.O. BOX 370115
KEY LARGO, FL. 33037
4. Date of incorporation/qualification: 11/18/2014 Document number: P14000093687
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)

Franklin Ramos

9240 Sunset Drive

Miami, FL 33173

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

175 Fontainebleau Blvd suite 2D 2

Miami FL. 33172

P.O. Box NOT acceptable

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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.

MARIANA C RENFRO RAMOS

Signature of an officer or director

Mariana C Renfro Ramos VP.

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.

MARIANA C RENFRO RAMOS

Signature of Registered Agent

12/15/2016

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE