

P99000018638



Med One Shuttle Inc
P.O. Box 730206
Ormond Beach, FL 32173-0206

(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



100211086331

08/29/11--01037--003 **35.00

FILED
11 AUG 29 AM 9:55
11/11/11 10:00 AM
11/11/11 10:00 AM

RAM
8/30/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MED-ONE SHUTTLE, INC.
Name of Corporation

DOCUMENT NUMBER: P99000018638

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:

PAULINE WHITFIELD
Name of Contact Person

MED-ONE SHUTTLE, INC.
Firm/Company

P.O. BOX 730206
Address

ORMOND BEACH, FL 32173-0206
City/State and Zip Code

medoneshuttle@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULINE WHITFIELD at (386) 255-8525
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: MED-ONE SHUTTLE, INC.
2. The principal office address: 960 TERESA STREET, DAYTONA BEACH, FL 32117
3. The mailing address (if different): P.O. BOX 730206, ORMOND BEACH, FL 32173
4. Date of incorporation/qualification: 02/24/1999 Document number: P99000018638
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)

JAMES JACK

3294 WEST STATE ROAD 40

ORMOND BEACH, FL 32174-2537

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

JAMES JACK

960 TERESA STREET

P.O. Box NOT acceptable

DAYTONA BEACH, FL 32117

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.

Pauline Whitfield

Signature of an officer or director

PAULINE WHITFIELD - TREASURER

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.

James Jack

Signature of Registered Agent

08/17/2011

Date

If signing on behalf of an entity:

JAMES JACK

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 (8/05)