

V01491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAR 26 PM 3:29

RA/RD/chg
@ 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#: 070039/010

Re: GREATER PINELLAS TRANSPORTATION MANAGEMENT

Enclosed please find:

XX Change of Registered Agent and Office.
Power of Attorney enclosed.
XX Check in the amount of \$35.
Other: _____

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX 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: GREATER PINELLAS TRANSPORTATION MANAGEMENT SERVICES,
Name of Corporation

DOCUMENT NUMBER: V01491

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

GREATER PINELLAS TRANSPORTATION MANAGEMENT SERVICES,
Firm/Company

6200 S. SYDRAUSE 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Greater Pinellas Transportation Management Services, 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: 12.19.91 Document number: V01491

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)

AARON J. GOLD
202 S. ROME AVE, SUITE 100
TAMPA, FL 33606

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

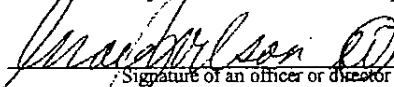
P.O. Box NOT acceptable

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 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

Ser


Signature of Registered Agent

3.25.14
Date

If signing on behalf of an entity:

Carol Dolor, 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)

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