## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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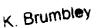
## LLC REGISTERED AGENT CHANGE **NURSES DIRECT, L.L.C.**

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JAN 24,2024



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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: NURSES DIRECT	T, L.L.	C.	
2. (a)	201 Rue Iberville		(b) 201 Rue	Iberville
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	Stc 700		Ste 700	
	Lafayette, LA 70508	_	Lafayette	. LA 70508
	5/15/2019		L1900013	2066
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	SAVOIE, MARK			
	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Sta	ate:
	1837 E. SMUGGLERS COVE DR.			
	Registered Office Address	(DDRI:	<u> 357</u>	Marie
				20
(b) <u> </u>	GULF BREEZE , FL	32563		- 24 
	C T Corporation System			2024 JAN 23 PH 12: 5
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	- W 工元(c)
				PA
				12:1
	NEW Registered Office Address:			ÇU ÖL
	1200 South Pine Island Road		<del></del>	_
	Plantation .FL	33324		
the cha agent v was/wo	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reability of the l	gistered offi company, it imited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
24	haigant tak	K	athryn McBri	de
Signat	ure of a member or authorized representative of a member		-	Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete tyations of my position as registered agent as provide thy reflect a change in the registered office address, I h I'm writing of this change. CT Corporation System 4/2004. Pears	ree to c perfor d for i tereby	ict in this ca rmance of my n Chapter 60 confirm tha	pacity. I finther agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been
By: Signatur	te of Registered Agent Natalie Pickens, Assistant Secretary			