

Florida Department of State
 Division of Corporations
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L19000132066

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To:
 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.****

Email Address: _____

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

Certificate of Status	0
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Page Count	02
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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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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.

1. Name of the limited liability company: NURSES DIRECT, L.L.C.

2. (a) <u>201 Rue Iberville</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Ste 700</u> <u>Lafayette, LA 70508</u>	(b) <u>201 Rue Iberville</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Ste 700</u> <u>Lafayette, LA 70508</u>
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3. <u>5/15/2019</u> Date of filing/registration in Florida	4. <u>L19000132066</u> Document number
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5. (a) SAVOIE, MARK
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1837 E. SMUGGLERS COVE DR.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
GULF BREEZE, FL 32563

(b) C T Corporation System
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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 TALLAHASSEE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u><i>Kathryn McBride</i></u>	<u>Kathryn McBride</u>
Signature of a member or authorized representative of a member	Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System *Natalie Pickens*
Signature of Registered Agent Natalie Pickens, Assistant Secretary