P05000084415

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ MAIL	_ \
(Business Entity Name)	
(Document Number)	
Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



08/22/08--01011--017 **35.

2008 AUG CC SECRETARY OF STATE SECRETARY OF STATE

R.A. Chang

COVER LETTER

TO: Amendment Section Division of Corporatio	ns
SUBJECT: AARCM	Nurse REGISTEN AND STAFFING, INC. (Name of Corporation)
DOCUMENT NUMBER:	P05000084415
The enclosed Statement of Cha	ange of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence	be concerning this matter to the following:
Re	(Name of Contact Person)
• · · · · · · · · · · · · · · · · · · ·	(Firm/Company)
₽.	0, Box 1238
<u></u>	0. Box 1238 (Address)
?» ?»	(City/State and Zip Code)
·	(City/State and Zip Code)
For further information concern	ning this matter, please call:
RONALD S. RI (Name of Conta	at (94/) 751-8055 (Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check ma	de payable to the Department of State.
Divisi	ng Address: Idment Section Sion of Corporations Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	ge is submitted fo	or a corporation orga	mized under the	or 617.1508, Florida S laws of the State of _ both, in the State of F	FLORIN	<u>-</u>
1. The name of th	e corporation:	AARM A	luse Rec	GISTRY ALI) ST	AFFING, I	
2. The principal o	•			JEST .		
		BRADENTO	n, FL 3	4205	. ,	
3. The mailing ad	dress (if different	t):				
4. Date of incorpo	oration/qualificati	ion: 6/13/20	05 Docume	ent number: Po 50	0008441	5
5. The name and s Florida Departs		the current registered	agent and regist	tered office on file wit	th the	
_		ROMALD	S.		_	
_					7200 TA SI	
-	BRAD	CORTEZ RO ENTEN, FL.	34210		2008 AUG SECRET TALLAHA	<u> </u>
6. The name and (if changed):	street address of t	the new registered ag	ent (if changed)	and /or registered off	ARY SSE	m
-	Rowe	- RONALD	S.		AM 10: 38 OF STATE E. FLORID	
-	100	3 RD AVEAU	JE WEST		TE 38)
-	BRA	DENTEM, FL	. 34205))	_	
The street address as changed will be	ss of its registered be identical.	d office and the stre	et address of the	e business office of it	ts registered age	ent,
				of directors or by an ing of the change.		
RH	S, Ru			S. Rowe VIC	CE PRESIDE	<u> ۱</u> ۲
	he appointment to comply with the I I am familiar w in filed merely to been notified in			it in this capacity. to the proper and con position as registere office address, I here	,	
1211	S/Rm		8-	20-08 (Date)		
	nature of Registered As	gent)		(Date)		_
If signing on beh	nalf of an entity:					
(T ₂	yped 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)