

LOI 000019654

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Benjamin Nurses, LLC.
(Name of corporation)

DOCUMENT NUMBER: LOI000019654

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:

Catherine Coleman
(Name of person)

Benjamin Nurses LLC
(Name of firm/company)

1800 W. 49th St. ste 324-I
(Address)

Hialeah, FL 33012
(City/state and zip code)

100008281691--8
10/09/02--01021--004
*****35.00 *****35.00

For further information concerning this matter, please call:

Catherine Coleman at (954) 817-2957
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

BM

FILED
02 OCT 9 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02 OCT -9 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LIMITED LIABILITY COMPANIES

608.415

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~~ ^{LIMITED LIABILITY COMPANY} 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~~ ^{company}: Benjamin Nurses LLC
- 2. The principal office address: 1800 W. 49th St suite 324-I
Nealeah, Fl. 33012
- 3. The mailing address (if different): _____

4. Date of ~~incorporation~~ ^{organization}/qualification: Nov. 8, 2001 Document number: LO100019654

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Catherine V. Coleman
16330 S.W. 88th Place
Miami Fl. 33157

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

Catherine V. Coleman
14700 NE 9th Court
(P.O. Box or personal mailbox NOT acceptable)
Miami, Fl. 33161

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 ^{members} board of directors or by an officer so authorized by the board, or the ~~corporation~~ ^{company} has been notified in writing of the change.

Catherine V. Coleman
(Signature of an officer, chairman or vice chairman of the board)

Catherine V. Coleman ^{President}
(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~~ ^{company} has been notified in writing of this change.

Catherine V. Coleman
(Signature of Registered Agent)

10/7/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

02 OCT -9 PM 4:18
FILED
DIVISION OF STATE
TALLAHASSEE, FLORIDA