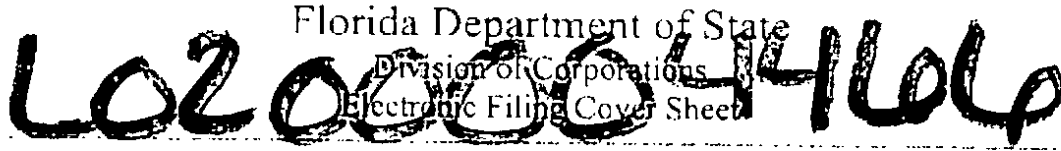


9/18/23, 9:44 AM

Division of Corporations



Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000327677 3)))



H230003276773ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CARVER DARDEN
Account Number : I20070800116
Phone : (850)266-2300
Fax Number : (850)266-2301

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

Email Address: taylor.mckay@nursespring.com

RECEIVED

2023 SEP 18 AM 11:57

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
NURSESPRING OF NORTHERN FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 SEP 18 PM 6:18

2023 SEP 18 PM 6:18

APPROVED
AND
FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

SEP 19 2023
K. Brumbley

H23000327677 3

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: Nursespring of Northern Florida, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

3380 NE Capital Circle, Tallahassee, FL 32308

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

9120 Midlothian Trpk, Richmond, VA 23235

2/20/2002

3. Date of filing/registration in Florida

1.0200004466

4. Document number

5. (a) Beverly Crump

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Your Capital Connection

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

417 E. Virginia St., 1

Tallahassee

FL 32301

(b) Matthew C. Hoffman

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

151 W. Main Street, Suite 200

Pensacola

FL 32502

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.

Bryan Krause
Signature of a member or authorized representative of a member

Bryan Krause

Printed or typed name of signer

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.

Signature of Registered Agent

Matthew C. Hoffman

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INHS13 (2/14)

H23000327677 3

APPROVED
AND
FILED

2023 SEP 18 PM 6:18