

LO7000062194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nurse Staffing Unlimited, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry Sobel  
(Name of Person)

Nurse Staffing Unlimited, LLC  
(Firm/Company)

5499 North Federal Highway, Suite F  
(Address)

Boca Raton, Florida 33487  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Sobel at ( 561 ) 988-4000  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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: Nurse Staffing Unlimited, LLC

2. (a) Principal office address of limited liability company: 5499 North Federal Highway, Suite F  
(Note: MUST BE STREET ADDRESS) Boca Raton, Florida 33487

(b) Mailing address of limited liability company: 5499 North Federal Highway, Suite F  
(Note: MAY BE POST OFFICE BOX) Boca Raton, Florida 33487

06/12/2007

3. Date of filing/registration in Florida

L07000062194

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Tara Rose

Registered Office Address: 5499 North Federal Hwy, Suite F  
Boca Raton, Florida 33487

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

NEW Registered Agent: Barry Sobel

NEW Registered Office Address: 8290 Nadmar Avenue  
(MUST BE FLORIDA STREET ADDRESS) Boca Raton, FL 33434

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.

Tara Rose  
(Signature of a member or authorized representative of a member)

Tara Rose  
(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 608, 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]  
(Signature of Registered Agent)

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