

LD8 000 102262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

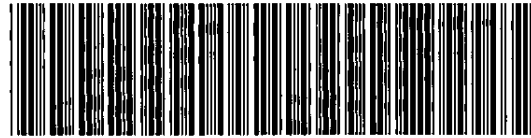
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000186205180

10/18/10--01003--005 \*\*25.00

FILED  
2010 OCT 18 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
OCT 19 2010  
EXAMINER

**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: Med Place Consultants, LLC / DBA Med Place Staffing Solutions

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

8672 Bird Road, Ste 204  
Miami, FL 33155

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

SAME as above

10/31/08  
3. Date of filing/registration in Florida

L 8000102262  
4. Document number

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

Registered Agent:

Fulbio Parodi

Registered Office Address:

8672 Bird Road, Ste 204  
Miami, FL 33155

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

**NEW Registered Agent:**

Fulbio Parodi

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

8770 SW 72 St #251  
Miami, FL 33173

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.

Signature of a member or authorized representative of a member

Fulbio Parodi  
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 of Registered Agent

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