

8/4/2014 12:58:09 From: To: 8506176383

Division of Corporations

(1/5)

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCAC000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KFORCE HEALTHCARE FLEX, LLC

Certificate of Status	5
Certified Copy	9
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AUG - 5 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG -4 AM 7:35

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kforce Healthcare Flex, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Moy

Name of Person

Paul Hastings LLP

Firm/Company

191 N. Wacker Drive, 30th Floor

Address

Chicago, IL 60606

City/State and Zip Code

sharonmoy@paulhastings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Moy

312

499-6086

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Kforce Healthcare Flex, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

The Articles of Organization for this Limited Liability Company were filed on December 5, 2008

Florida document number L08000111905

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

himagine solutions flex, llc

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
 City _____ Zip Code _____

New Registered Agent's Signature, If changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peggy Pricher	1001 East Palm Ave.	<input type="checkbox"/> Add
		Tampa, FL 33605	<input checked="" type="checkbox"/> Remove
MGR	Dave Kelly	1001 East Palm Ave.	<input type="checkbox"/> Add
		Tampa, FL 33605	<input checked="" type="checkbox"/> Remove
AMBR	Kforce Healthcare, Inc.	1001 East Palm Ave.	<input type="checkbox"/> Add
		Tampa, FL 33605	<input checked="" type="checkbox"/> Remove
AMBR	himagine solutions, inc.	1001 East Palm Ave.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33605	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE
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 STATE
 DEPARTMENT OF
 REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 4, 2014



Signature of a member or authorized representative of a member

Grant Patrick, Vice President, Secretary and Treasurer of himagine solutions, inc., the member

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA