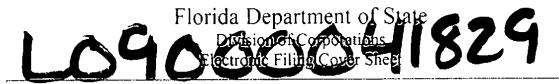
To:



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.

(((H220002627473)))



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

To:

Page: 2 of 3

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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 REGISTERED AGENT CHANGE NURSING SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

···) 4 2022

、Brumb\⇒y

. . .

Page: 3 of 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.

2. (a)	N. Cl.			
	No Change	(b) No C	(b) No Change	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAYBE POST OFFICE BOX)	
	500 West Main Street			
	Louisville, KY 40202			
	04/30/2009	£0900	00041829	
3.	Date of filing/registration in Florida	· + .	Document number	
5. (a)	CORPORATION SERVICE COMPANY			
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	1201 HAYS STREET			
	TALLAHASSEE	FL_32301-2525	22	
(b) _.	C T Corporation System		FIL 2022 AUG -4 Secretary Allahasse	ĭ
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:		TTRUVEO AND
	NEW Registered Office Address:			E
	1200 South Pine Island Road		PH 4: 12 OF STATE E. FLORIDA	
	Plantation	FL		
the cha agent v was we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the control of the member in the control of the member in the control of the control o	of the registered Hiability compan is of the limited li	office and the business office of the regis by, it is hereby confirmed that the change(s iability company or as otherwise provided	itered s)
Que_	Z	Joe Davis,	···	
	ture of a member or authorized representative of a member		Printed or typed name of signee	ارداء دا
I here, provis, the obtainment of merion for the control of the co	by accept the appointment as registered agent and a lions of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address, and in writing of this change. The Corporation Syllfred Younan	ugree to act in thi ele performance (ided for in Chapta . I hereby confirm	is capacity. I further agree to comply with ond a of my duties, and I am familiar with and a er 605, F.S. Or, if this document is being a that the limited liability company has be	n me ecepi filed en
By Signal	ire of Recisioned A Assistant Secretary	/		