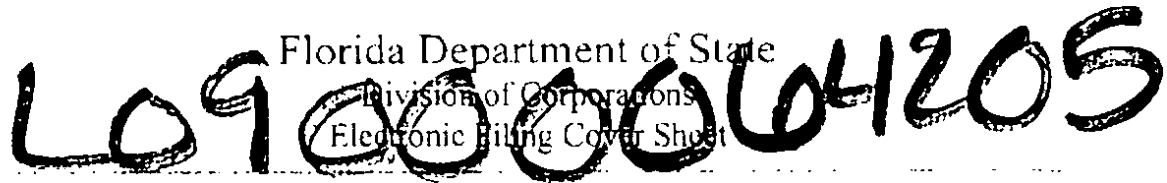


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Division of Corporations



Florida Department of State
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Email Address: taylor.mckay@nursespring.com

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SEP 19 2023
K. Brumley

H23000327735 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: Nursescoping of Tampa, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3915 W. Kennedy Blvd, Tampa, FL 33609

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
9120 Midlothian Tapk, Richmond, VA 23235

3. 7/2/2009
Date of filing/registration in Florida

4. L09000064205
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.

Matthew C. Hoffman
Signature of Registered Agent

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

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