

L11000078695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 26 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 AUG 17 PM 3 20

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2012

NANCY COURTS  
411 WALNUT AVE. #9385  
GREEN COVE SPRINGS, FL 32043

SUBJECT: SYNAPSE MEDICAL STAFFING LLC  
Ref. Number: L11000078695

2012 AUG 17 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for SYNAPSE MEDICAL STAFFING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section 5b. Nancy Courts is listed as registered agent but with a different address from 411 walnut ave. #9385, Green Cove Springs, fl 32043.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 212A00018887

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Synapse Medical Staffing  
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:

Nancy Courts

Name of Person

Synapse Medical Staffing

Firm/Company

411 Walnut Avenue #9385

Address

Green Cove Springs, FL 32043

City/State and Zip Code

don.courts@att.net

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

For further information concerning this matter, please call:

Nancy Courts

Name of Person

at ( 209 )

7364850

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

2012 AUG 17 PM 3 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: Synapse Medical Staffing

2. (a) Principal office address of limited liability company: 411 Walnut Avenue #9385

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

Green Cove Springs, FL 32403

(b) Mailing address of limited liability company: Same

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

07/07/2011  
3. Date of filing/registration in Florida

L11000078695  
4. Document number

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

Registered Agent:

Nancy Courts

Registered Office Address:

411 Walnut Avenue #9385  
Green Cove Springs, FL 32403

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

**NEW Registered Agent:**

N/A

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

411 Walnut Avenue #9385  
Green Cove Springs, FL 32403

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.

Donald E. Courts  
Signature of a member or authorized representative of a member

Donald E. Courts

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.*

Donald E. Courts  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00