1000078695

(Requestor's I	Name)	
(Address)		
	•	
(Address)		
(City/State/Zip	o/Phone #)	
PICK-UP W	AIT MAIL	
(Business En	tity Name)	
(Document Number)		
Certified Copies Cert	tificates of Status	
Special Instructions to Filing Officer:		

A. LUNT

AUG 26 2011

EXAMINER

Office Use Only



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07/13/12--01028--018 **25.00



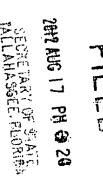
FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2012

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

SUBJECT: SYNAPSE MEDICAL STAFFING LLC

Ref. Number: L11000078695



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.

Letter Number: 212A00018887

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations				
SUB	SUBJECT: Synapse Medical Staffing Name of Limited Liability Company				
		, or business branching company			
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filin	ıg.		
Pleas	e return all correspondence concern	ning this matter to the following:	2012 AUG 17		
	Nanov Courte		25		
	Nancy Courts Name of Person		3		
	Name of Poson	<u> </u>	PH & 20		
	Synapse Medical Staf	fing 2			
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	26		
	411 Walnut Avenue #9	9385			
	Address				
	Grand Cova Springs El	220.42			
	Green Cove Springs, FL City/State and Zip Code	32043			
	Chy/State and Mip Code				
	dan aqueta@att nai	*			
	don.courts@att.ne -mail address: (to be used for future annual re	eport notification)			
For f	urther information concerning this	matter, please call:			
	Nancy Courts	at (209) 7364850			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301				
Enclosed is a check for the following amount:					
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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.

u 11 €

Name of the limited liability company:	Synapse Medical Staffing			
2. (a) Principal office address of limited liability compar	ny: 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	L11000078695			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	>> =			
Registered Agent:	Nancy Courts 5			
Registered Office Address:	411 Walnut Avenue #9385 🛱 💆 🧻			
	Green Cove Springs, FL 32043			
	70 SK			
	ORAS			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address: 🐉 📚			
NEW Registered Agent:	NA			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	411 Walnyr AVINL # 9385 GREEN COVE Springs FL 32043			
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				
Donald E. Courts Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, thereby confirm that the limited liability compared Signature of Registered Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.			
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314			

FILING FEE: \$25.00