

L12000147785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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13 AUG 27 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nurses Health Group, LLC
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:

Veronica Davis

Name of Person

Nurses Health Group

Firm/Company

6979 Kingspointe Parkway, Suite 10

Address

Orlando, Florida 32819

City/State and Zip Code

veronica@nursenextdoorlongwood.com

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

For further information concerning this matter, please call:

Veronica Davis

Name of Person

at (407) 982-9386

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

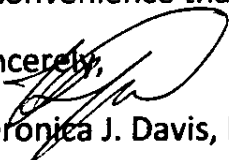
☐ \$55 Filing Fee & Certified Copy

8/21/13

To Whom It May Concern:

Enclosed are the completed correction forms requested. In summary, I have changed the registered agent to myself and the address of the company to our new office space. Please contact me if you have any questions. I am sorry for any inconvenience that this error may have caused you and your team.

Sincerely,



Veronica J. Davis, RN
Owner/Managing Director
Nurses Health Group, LLC
Cell: 407.982.9386



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 AUG 27 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 7, 2013

VERONICA DAVIS ***** 3RD MAILING *****
NURSES HEALTH GROUP
6733 TAMARIND CIR
ORLANDO, FL 32819

SUBJECT: NURSES HEALTH GROUP LLC
Ref. Number: L12000147785

We have received your document for NURSES HEALTH GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00016981



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 AUG -6 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 25, 2013

VERONICA DAVIS ***** 2ND MAILING *****
NURSES HEALTH GROUP
6979 KINGSPONTE PKWY - STE 10
ORLANDO, FL 32819

SUBJECT: NURSES HEALTH GROUP LLC
Ref. Number: L12000147785

We have received your document for NURSES HEALTH GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00016981



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2013

VERONICA DAVIS
6979 KINGSPONTE PKWY
STE 10
ORLANDO, FL 32819

SUBJECT: NURSES HEALTH GROUP LLC
Ref. Number: L12000147785

We have received your document for NURSES HEALTH GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00016981

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: Nurses Health Group, LLC

2. (a) Principal office address of limited liability company: 6979 Kingspointe Parkway, Suite 10
Orlando, FL 32819
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 6979 Kingspointe Parkway, Suite 10
Orlando, FL 32819
(Note: MAY BE POST OFFICE BOX)

11/26/2012 L12000147785

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Richard Franzblau

Registered Office Address: 1802 N. Alfaya Trail, Suite 129
Orlando, FL 32826

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

NEW Registered Agent: Veronica Davis

NEW Registered Office Address: 6979 Kingspointe Parkway, Suite 10
(MUST BE FLORIDA STREET ADDRESS)
Orlando, FL 32819

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.

Veronica Davis
Signature of a member or authorized representative of a member

Veronica Davis
Printed or typed name of signee

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.

Veronica Davis
Signature of Registered Agent

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

FILED
AUG 27 PM 3:12
TALLAHASSEE, FLORIDA