

L140000011855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

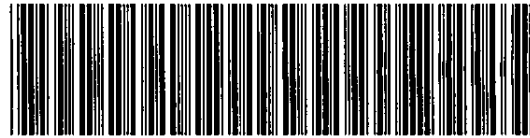
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 JUN 16 PM 2:21

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JUN 17 2015
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lotus Medical Staffing, 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:

Cofi Jordan
Name of Person

Lotus Medical Staffing
Firm/Company

2005 Vista Parkway, suite 113
Address

West Palm Beach, FL 33411
City/State and Zip Code

cjordan@lotusmedstaff.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cofi Jordan at (713) 581-7063
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

COFI JORDAN
LOTUS MEDICAL STAFFING, LLC
2005 VISTA PKWY - STE. 113
WEST PALM BEACH, FL 33411

SUBJECT: LOTUS MEDICAL STAFFING, LLC
Ref. Number: L14000011855

We have received your document for LOTUS MEDICAL STAFFING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 615A00010586

RECEIVED
15 JUN 16 AM 10:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

COFI JORDAN
LOTUS MEDICAL STAFFING LLC
2005 VISTA PKWY - STE. 113
WEST PALM BEACH, FL 33411

SUBJECT: LOTUS MEDICAL STAFFING, LLC
Ref. Number: L14000011855

We have received your document for LOTUS MEDICAL STAFFING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 914A00021900

RECEIVED
15 MAY 18 PM 2:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Lotus Medical Staffing LLC

2. (a) 2005 Vista Parkway #113 (b) same
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

West Palm Beach, FL 33411

3. 1/22/14 Date of filing/registration in Florida 4. L14000011855 Document number

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

1201 Hays St., Tallahassee, FL 32301
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
 _____, FL _____

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

2005 Vista Parkway #113
NEW Registered Office Address:

West Palm Beach, FL 33411

FILED
 DIVISION OF CORPORATIONS
 2015 JUN 16 PM 2:21

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] Signature of a member or authorized representative of a member
Cofi Jordan 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 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.

[Signature]
 Signature of Registered Agent