

NOV/02/2024/FRI 12:19 PM

Blalock Walters, PA

FAX No. 941-745-2093

P. 001

11/8/24, 11:49 AM

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: epennington@blalockwalters.com

**LLC REGISTERED AGENT CHANGE
NURSE CALL URGENT, LLC**

Certificate of Status	0
Certified Copy	0
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K. SALY

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TALLAHASSEE, FLORIDA

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NOV/03/2024/FRI 12:19 PM Blalock Walters, PA FAX No. 941-745-2093 P. 002
(114240005726303))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nurse Call Urgent, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eileen Pennington

Name of Person

Blalock Walters, PA

Firm/Company

80211th Street West

Address

Bradenton, Florida 34205

City/State and Zip Code

epennington@blalockwalters.com

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

For further information concerning this matter, please call:

Eileen Pennington

941 748-0100
at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

(((H 240 003 726 30 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: Nurse Call Urgent, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5437 Tuttle Avenue #249
Sarasota, FL 34243
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5437 Tuttle Avenue #249
Sarasota, FL 34243
3. 11-20-2014 Date of filing/registration in Florida
4. L14000179773 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES SCORPORATION AGENTS, INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 Riverside Avenue

Jacksonville, FL 32202

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

Blalock Walters, P.A.

NEW Registered Office Address:

802 11th Street West

Bradenton, FL 34205

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.

David D. Williams
Signature of a member or authorized representative of a member

David D. Williams, President

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 of Registered Agent

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

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TALLAHASSEE, FLORIDA

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