L15000076580					
(Requestor's Name) (Address) (Address)	300291586953				
(City/State/Zip/Phone #)	FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA				
Special Instructions to Filing Officer:					

S Warren NOV 0 4 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

NATIONAL CORPORATE RESEARCH, LTD. MARISA KUGELMANN

SUBJECT: CONTINUUMHR OF FLORIDA, LLC Ref. Number: L15000076580

We have received your document for CONTINUUMHR OF FLORIDA, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 016A00023644



NCR National Corporate Research (Hong Kong) Limited; a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

Date: 11/02/2016

Account #: I2000000088

Name: Marisa Kugelmann

Reference #: M084041

ENTITY NAME: CONTINUUMHR OF FLORIDA, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Annual Report

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other:

Authorized Amount: <u>B25.00</u> Signature: <u>MK</u>

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301 Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200 E-Mail: <u>info@nationalcorp.com</u> Website: <u>www.nationalcorp.com</u>

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:		Continu	ContinuumHR of Florida, LLC		
2. (a)	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability com (Note: MAY BE POST OFFICE BC	• •	
	11691 Gateway Blvd., Ste. 104				
	Fort Myers FL 33913				
	04/30/2015		L15000076580		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Corporation Service Compa	ny			
5. (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. c	of State:		
	1201 Hays Street				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	Tallahassee , FI	32301			
(b)	National Corporate Research, Ltd.	., Inc.		<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	SSF -3	m	
	115 North Calhoun Street, Suite	e 4			
	<u>NEW</u> Registered Office Address:		STATE FLORIDA	-	
	Tallahassee , FL	32301	, a'	,	
the cl agent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered iability company of the limited lia	office and the business office of the r y, it is hereby confirmed that the char ability company or as otherwise prov	egistered	
	Kint / Havin		Robert L. Sarver II		
Sigr	sature of a member or authorized representative of a member		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 natified in writing of this change. 1.5 Val

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

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Signature of Registered Agent

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