45000/52896

| | (Requestor's Name) |
|---------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| ☐ PiCK- J | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | s to Filing Officer |
| | |
| | |
| | |

Office Use Only



400363228534

2021 1FR -2 AM 9: 20

0 2 7.72.3

6)

O SIMMONS APR 0 5 2021



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: 04/0 | 02/2021 | | | | | | | | |
|--|-----------------------------|-------------------------|--|--|--|--|--|--|--|
| Name: | Merritt Walker | | | | | | | | |
| | 1350110 | | | | | | | | |
| Entity Name: NURSINGPEARLS PUBLISHING, LLC | | | | | | | | | |
| Articles of | Incorporation/Authorization | on to Transact Business | | | | | | | |
| Amendme | nt | | | | | | | | |
| Change of | Agent | | | | | | | | |
| Reinstaten | nent | | | | | | | | |
| Conversion | n | | | | | | | | |
| Merger | | | | | | | | | |
| Dissolution | n/Withdrawal | | | | | | | | |
| ☐ Fictitious N | l ame | | | | | | | | |
| Other | | | | | | | | | |
| | | | | | | | | | |
| Authorized Amou | nt: \$25 | <u></u> | | | | | | | |
| Signature: | un | | | | | | | | |

LONDON EC3N 3AX

+44 (0)20.3961.3080

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.

| ١. | . Name of the limited liability company: NURSINGPEARLS PUBLISHING, LLC | | | | | | | |
|----------------------------------|--|---|---|---|--|--|-----------------------|--------------------------|
| 2. | (a) | 2905 34th St. South #5400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | (b) 4905 34th St. South #5400 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | St. Petersburg, FL 33711 | | _ | St. Pete | rsburg, FL 33711 | | |
| | | September 11, 2015 | | | | 000152896 | | ., |
| 3.5. | (a) | Registered Agent and Registered Office shows 390 NORTH ORANGE AVENUE, S | ENTRAL FLORI | ne Florida I | | Document number | | 2021 APR -2 |
| | (b) | ORLANDO COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or | , FL_ | 32801 | ress: | | | AH 9: 20 |
| | | 115 North Calhoun St., Suite 4 NEW Registered Office Address: | | | | | | |
| | | Tallahassee | FL. | 32301 | | | | |
| the age wa | cha ent v s/we | imited liability company is not organiz ange or changes are made, the Florida s will be identical. Or, in the case of a Fi ere authorized by an affirmative vote o icles of organization or the operating a | treet address of t lorida limited lial f the members of | he regist bility cor the limit | ered office npany, it is ted liability | and the business of hereby confirmed company or as off | office of that the | the registered change(s) |
| | | ynna Plantz | | Cynn | a Plantz | | | ······ |
| I h pro the to i not | ierci visi obl mere tifica | ture of a member or authorized representative of by accept the appointment as registere ons of all statutes relative to the property igations of my position as registered a left reflect a change in the registered of fin writing of this change. Mayville Mayville | d avent and agre | re to act i performa for in Ci ereby con | n this capa nce of my a hapter 605, afirm that t | Printed or typed name acity. I further agri- laties, and I am fra htties, Or. if this do he limited liability | ee to co. | mply with the |

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent