

10/19/2018 18:12

32294169

CARLTON FIELDS

PAGE 01/02

Division of Corporations

Page 1 of 2

H18000303963 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000303963 3)))



H180003039633ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813) 223-7000
Fax Number : (813) 229-4133

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

Email Address: N/A

LLC REGISTERED AGENT CHANGE
TGH STAFFING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE
OCT 23 2018
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H18000303963 3

H18000303963 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: TGH STAFFING, LLC

2. (a)

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)ONE TAMPA GENERAL CIRCLETAMPA, FL 33606-3571

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)ONE TAMPA GENERAL CIRCLETAMPA, FL 33606-357106/08/2016L16000110155

3.

Date of filing/registration in Florida

4.

Document number

5. (a)

FLORIDA HEALTH SCIENCES CENTER, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)ONE TAMPA GENERAL CIRTAMPA, FL 33606-3571

(b)

CF REGISTERED AGENT, INC.Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Office Address:100 S. ASHLEY DR., SUITE 400TAMPAFL 33602

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 of a member or authorized representative of a member

Printed or typed name of signer

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

H18000303963 3

FILED
2018 OCT 22 AM 9:18
CLERK OF STATE
TALLAHASSEE, FLORIDA