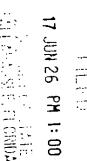
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S. WARREN JUN 2 7 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Integral Heath Nursing Prep Institute Name of Limited Ciability 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:
Lynn T. JOSEPH Name of Person Integer Health Nursing Prep Institute Firm/Company
5700 Memorial Hwy. Building 212A Address
TAMPA FL 33615 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (941) 448-8105
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

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.

, which				~
1. Name of the limited	liability company: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	A Ha	atth Nursing I	rep Institute
2. (a) 5700 Mer	noral Huy	(b)	S700 Memo	nal Hwy
	ce address of limited liability company: MUST BE STREET ADDRESS)			of limited liability company: BE POST OFFICE ROX)
•			Building 21	_
Tampe	y 212 9, FL 33615			33615
	1			20010
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	iling/registration in Florida	4.	Document no	umber
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	Registered Office shown on the records of		-	
Registered Office Ac	lagdakne Ct. W. Idress <u>(MUST BE FLORIDA STREE</u>	T ADDRESS)	<u> </u>	
LAKEL	and, FL 33801			e Fit =
	Akeland, F	il 33		
1				FIL JUN 26
\"/ 	T. JOSEPH Registered Agent and/or NEW Registern	ed Office add	ress:	3 3 5
	. 0			GR8018 21745 00 :1 1
<u>5700 m</u>	Memorial Huy. 5	uildin	4 <u>616</u> p	8 00
NEW Registered Off			J	
T ATAMBE	+FL 33615			
	JAMPA, F	ı_3:	3615	
If the limited liability cor	mpany is not organized under the l			eby confirmed that after
the change or changes are	e made, the Florida street address of Or, in the case of a Florida limited	of the regis	ered office and the busi	ness office of the registered
was/were authorized by a	on affirmative vote of the members	of the limi	ted liability company or	as otherwise provided in
Lean V	losenh		ynn Joseph Printed or type	
	thorized representative of a member			
I hereby accept the appo provisions of all statutes the obligations of my pos	vintment as registered agent and a relative to the proper and complet ition as registered agent as provid	gree to act le performa led for in C	in this capacity. I furthe nce of my duties, and I c hanter 605 F.S. Or if i	er agree to comply with the am familiar with and accept this document is being filed.
to merely reflect of change notified in writing of this,	efin the registered office address,	I hereby co	nfirm that the limited lid	ibility company has been
Em /	OSCIUM			
Signature of Registered Agent	/			