

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I20160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
MIAVIP MEDICAL STAFFING LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**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: **MIA VIP MEDICAL STAFFING LLC**

2. (a) 5944 Coral Ridge Dr 170 (b) 5944 Coral Ridge Dr 170  
 Principal office address of limited liability company. Mailing address of limited liability company.  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

CORAL SPRINGS, FL 33076CORAL SPRINGS, FL 33076

3. 6/23/2017 4. L17000136309  
 Date of filing/registration in Florida Document number

5. (a) NONE (Registered Agent Resigned: 12/04/2023)  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

N/A  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b) Capitol Corporate Services, Inc.  
 Former name of NEW Registered Agent and/or NEW Registered Office address

515 East Park Avenue 2nd Fl  
 NEW Registered Office Address:

Tallahassee, FL 32301

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 the limited liability company

Justin Barack

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 register a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Brian Radecki  
 Signature of Registered Agent

Brian Radecki, Assistant Secretary on  
 behalf of Capitol Corporate Services, Inc.

Division of Corporations\* P.O. Box 6307\* Tallahassee, FL 32314  
 FILING FEE: \$25.00

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