

L17000246295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

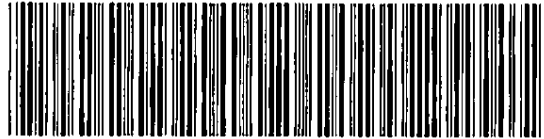
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2023

JONA COSTA  
333 S. TAMiami TRAIL, SUITE 201  
VENICE, FL 34285 US

SUBJECT: ISLAND NURSE STAFFING LLC  
Ref. Number: L17000246295

We have received your document for ISLAND NURSE STAFFING LLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

The form you have submitted is for changing the registered agent of a  
corporation, however, your entity is an LLC. Please provide the correct form.

If you have any questions concerning the filing of your document, please call  
(850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

Letter Number: 823A00016491

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Island Nurse Staffing LLC  
Name of Limited Liability 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:

Jina Marie Costa

Name of Person

Island Nurse Staffing

Firm/Company

333 S. Tamiami Trail, Ste 201

Address

Venice, FL 34285

City/State and Zip Code

jcosta@islandnurestaffing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jina Marie Costa

Name of Person

at ( 941 ) 445-7577

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.*

1. Name of the limited liability company: Island Nurse Staffing LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

333 S. Tamiami Trail, Ste 201

Venice FL 34285

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Same

←

12/2017

L17000244295

3. Date of filing/registration in Florida

4.

Document number

5. (a) Whittaker & Associates, CPA's  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

304 West Venice Ave, Ste 300

Venice, FL 34285

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Jina Costa

**NEW Registered Office Address:**

333 S. Tamiami Trail, Ste 201

Venice, FL 34285

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.

Jina Marie Costa  
Signature of a member or authorized representative of a member

Jina Marie Costa  
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 notified in writing of this change.*

Jina Marie Costa  
Signature of Registered Agent