

L17000246295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

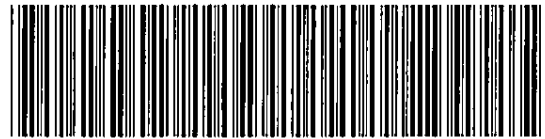
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COVER LETTER

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 LLC

Firm/Company

250 Tamiami Trail South, Suite 103

Address

Venice, FL 34285

City/State and Zip Code

jcosta@islandnursestaffing.com

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

For further information concerning this matter, please call:

Jina M. 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) 250 South Tamiami Trail, Ste 103 (b) Same

Principal office address of limited liability company:

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

Venice FL 34285

Mailing address of limited liability company:

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

3. 12/01/17 Date of filing/registration in Florida 4. L17000246295 Document number

5. (a) Jina mane Costa
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

333 S. Tamiami Trail, Suite 201

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Venice, FL 34285

(b) Jina mane Costa
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

250 Tamiami Trail South, Suite 103

NEW Registered Office Address:

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 mane Costa

Signature of a member or authorized representative of a member

Jina mane 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 mane Costa

Signature of Registered Agent