

L19000238515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

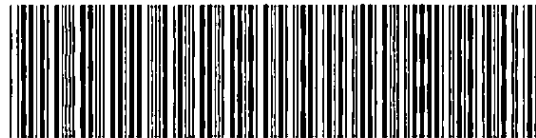
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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2022 JUN 29 PM 3:34

OFFICE OF THE
TALLAHASSEE, FLORIDA

C. BRUMBLEY

JUN 30 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 778331 4805411

AUTHORIZATION

[Signature]

COST LIMIT : \$25.00

ORDER DATE : June 29, 2022

ORDER TIME : 2:43 PM

ORDER NO. : 778331-025

CUSTOMER NO: 4805411

CHANGE OF AGENT

NAME: PREFERRED NURSE REGISTRY OF
FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

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.

INHS18 (2/14)

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2022 JUN 29 AM 9:13
SECRETARY OF STATE
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