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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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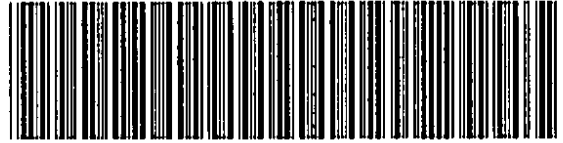
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NURSES AND MEDICAL STAFFING AGENCY 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:

Triffina A Brown

Name of Person

NURSES AND MEDICAL STAFFING AGENCY LLC

Firm/Company

37 N Orange Avenue Suite # 328

Address

Orlando, FL 32801

City/State and Zip Code

info@wholecaremedicalstaffing.com

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

For further information concerning this matter, please call:

Triffina Brown at (844) 570-5711

Name of Person 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: NURSES AND MEDICAL STAFFING AGENCY LLC
2. (a) 37 N Orange Ave
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite #328
Orlando FL 32801
- (b) 37 N Orange Ave
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite #328
Orlando FL 32801
3. 2/3/2021
Date of filing/registration in Florida
4. L21000033300
Document number
5. (a) Triffina Brown
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
205 Bella Verano Way
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Davenport
Davenport, FL 33897
- (b) Triffina Brown
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Triffina Brown
NEW Registered Office Address:
37 N Orange Avenue Suite #328
Orlando, FL 32801

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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.

Triffina Brown
Signature of a member or authorized representative of a member

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

Triffina Brown
Signature of Registered Agent