

L21 000150451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

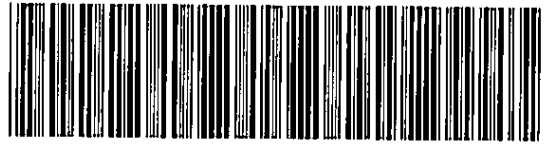
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exceptional Nursing Training Center, 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:

Camille Ofodum
Name of Person

Exceptional Nursing Training Center, LLC
Firm/Company

9200 NW 39th Ave, Ste 130 - 3149
Address

Gainesville, FL 32606
City/State and Zip Code

exceptionalnursingtraining@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camille Ofodum 877 5683682
Name of Person at () 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: Exceptional Nursing Training Center, LLC

2. (a) <u>9200 NW 39th Ave</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>Ste 130 - 3149</u> <u>Gainesville, FL 32606</u>	(b) <u>9200 NW 39th Ave</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>Ste 130 - 3149</u> <u>Gainesville, FL 32606</u>
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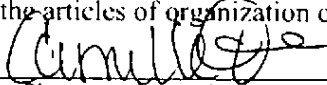
3. <u>03/31/2021</u> Date of filing/registration in Florida	4. <u>L21000150451</u> Document number
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5. (a) Northwest Registered Agent LLC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th St N
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Ste 300
Gainesville, FL 33702

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 TALLAHASSEE, FLORIDA


(b) Northwest Registered Agent LLC
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7901 4th St N
NEW Registered Office Address:
Ste 300
St Petersburg, FL 33702

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 a member

Camille Ofodum
 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.

 Tom Glover- Assistant Secretary
 Signature of Registered Agent