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(Requestor's Name)
(Address)
(Address)
(1001055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

	gistration Section vision of Corporations	· •						
SUBJECT	Exceptional Nursing Training Center, LLC							
	Name of Limited Liability Company							
Dear Sir or	Madam:							
The enclose	ed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please retur	rn all correspondence concerning this matter	to the following:						
Camille Ofo	odum							
	Name of Person							
Exceptional	Nursing Training Center, LLC							
	Firm/Company							
9200 NW 39	9th Ave. Ste 130 - 3149							
	Address							
Gainesville,	FL 32606							
	City/State and Zip Code							
exceptional	nursingtraining@gmail.com							
E-mai	il address: (to be used for future annual repo	rt notification)						
For further	information concerning this matter, please of	all:						
Camille Ofo	xdum 8.7 at (77 5683682						
	Name of Person	Area Code & Daytime Telephone Number						
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
En	closed 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.

a) _	9200 NW 39th Ave		(b	9200 NW	7 39th Ave	
, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-	/ 	_	ress of limited liability company: IAY BE POST OFFICE BOX)
	Ste 130 - 3149			Ste 130 - 3	3149	
	Gainesville, FL 32606			Gainesvill	e, FL 3260	6
	03/31/2021			L21000150	451	
•	Date of filing/registration in Florida	4.	•		Documer	nt number
(a)	Northwest Registered Agent LLC					
	Registered Agent and Registered Office shown on the records of 7901 4th St N	t he Flo	rida	Dept, of Stat	e:	2021 JUN - 7
	Registered Office Address (MUST BE FLORIDA STREET) Ste 3(X)	4DDR	ESS	7	_	
	Gainesville , FL	33703	2		_	AH 6:
b)	Northwest Registered Agent LLC				_	: 32 DRIDA
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ado	lress:	_	
	7901 4th St N					
	NEW Registered Office Address:				-	
	Ste 300				_	
	St Petersburg, FL	337()2	<u>.</u>		_	
ige o it wi wer	nited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of les of organization or the operating agreement of the	regist bility f the l	ere coi imi	d office and npany, it is ted liabilit	d the busir s hereby co v company	ness office of the registered onfirmed that the change(s)
11	n1/102/2	C	ami	lle Ofodum		

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