

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000407701 3)))



H210004077013ABCW

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 NOV -3 AM 10:17

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CAREWAY HEALTHCARE STAFFING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 04 2021

A. LUNT

2021 NOV -3 AM 10:21

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED STATION  
SECRETARY OF CONGRESSION  
SECTION OF CONGRESSION  
3--NOV-1920  
17:00 AM

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**



2021 NOV - 3 AM 10:17

2021 NOV - 3 AM 10:17

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 3, 2021

Morgan Potter

Signature of a member or authorized representative of a member

Morgan Noble

Typed or printed name of signer

**Filing Fee: \$25.00**