

L21006407402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

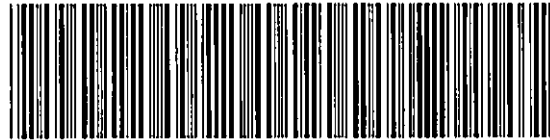
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900397364509

RECEIVED
2022 NOV 17 AM 9:14
OFFICE OF THE
CLERK OF THE
SUPREME COURT

RECEIVED
2022 NOV 17 PM 4:00
ALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 120210000160 Amount: \$ 25.00

Authorization Signature: James F. Smith

Business WOOLBRIGHT NURSING SERVICES, LLC Document # _____

☐ Walk in
☐ Pick up time _____

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ **CORP**

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion
☐ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

APOSTIL
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOOLBRIGHT NURSING SERVICES, 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:

MICHELLE CELAMI

Name of Person

Firm/Company

7262 WILLOW SPRINGS CIR N

Address

BOYNTON BEACH, FL 33436

City/State and Zip Code

michelleswithin@rocketmail.com

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

For further information concerning this matter, please call:

MICHELLE CELAMI

Name of Person

at (561)

294-5025

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: WOOLBRIGHT NURSING SERVICES, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

7262 WILLOW SPRINGS CIR N 7262 WILLOW SPRINGS CIR N
BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436

3. September 14, 2021 4. 1.21000407402
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

START-UP BUSINESS CONSULTING LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5700 LAKE WORTH RD, SUITE 201-L
GREENACRES, FL 33463

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

MICHELLE CELAMI
NEW Registered Office Address:
7262 WILLOW SPRINGS CIR N
BOYNTON BEACH, FL 33436, FL 33436

2022 NOV 17 AM 9:14
STATE
SECRETARY

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.

Michelle Celami 11/17/22
Signature of a member or authorized representative of a member

MICHELLE CELAMI
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.

Michelle Celami 11/17/22
Signature of Registered Agent