

L21000527145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

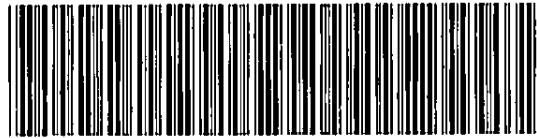
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 22 2025

Office Use Only



200448978312

FILED
2025 MAY 21 PM 3:11
RECEIVED
2025 MAY 21 AM 10:57
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
Ext: x61563
Date: 05/21/25
Order #: 2225111-1
Re: Interim Healthcare Of Louisiana, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office
Check in the amount of: \$35.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over a faint, circular embossed seal of the Corporation Service Company.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: INTERIM HEALTHCARE OF LOUISIANA, LLC
2. (a) 1551 Sawgrass Corporate Pkwy
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 230
Sunrise, FL 33323
- (b) 1551 Sawgrass Corporate Pkwy
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 230
Sunrise, FL 33323
3. December 16, 2021 4. L21000527145
Date of filing/registration in Florida Document number
5. (a) Rexanne Domico
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1551 Sawgrass Corporate Pkwy
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 230
Sunrise, FL 33323
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

FILED
2025 MAR 21 PM 3:13

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.

/s/ Deidra Boursiquot

Signature of a member or authorized representative of a member

Deidra Boursiquot, Authorized Person

Printed or typed name of signee

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.

Lindsey M. Lockard
Signature of Registered Agent

Lindsey M. Lockard, Asst. Vice President on behalf of Corporation Service Company

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

COA-306309