## L22000420728

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(Address)			
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(1001000)			
(City/State/Zip/Phone #)			
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## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJF	ECT: Nurse Ademy, LLC Name of Lin	nited Liability Company
	ir or Madam:	
The end	closed Registered Agent/Registered Office Char	ige and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
<u>J</u> 6.i	Name of Person	<del></del>
<u>-</u>	Nurse Adomy, LLC Firm/Company	
2443	S Erikson Pack Stroot Address	· · · · · · · · · · · · · · · · · · ·
_Au	byrndale, FL, 33823 City/State and Zip Code	, t.
julion E	a Durstademy. Com -mail address: (to be used for future annual repo	rt notification)
For fur	ther information concerning this matter, please c	all:
<u> 76i</u> 1	Name of Person at (	787 ) 983 - 1939 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

INHS18 (2/14)

## 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. Na	ame of the limited liability company:	ldony, LLC
	2443 Erikson Park Street	(b) 2443 Erikson Park Street
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Auburndalo FL 33823	Auburndale, FL, 33823
	, ·	
	10/18/2024	122000420728
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Jeinis D. De Jesus Hervandes	<u></u>
	Registered Agent and Registered Office shown on the records of the	the Florida Dept, of State:
	D. C. LONG ALLES AMONT DE PLANTA CENTET A	ADDRESS
	Registered Office Address (MUST BE FLORIDA STREET A	4DDKE-551
	4752 SEMANDER CRESCENT	
	LAKBLAND FL	<u>.33810</u>
	The total harmony	. <u>33810</u>
(b)	Toinis D. No Josus Hornand Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>
		<u></u>
	NEW Registered Office Address:	. <u> </u>
	2443 Erikson Park Street	
	Auburndalb FL	_33823
change agent v was/we the arti-  Signa  I here provise the oblito mere	e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lattre of a member or authorized representative of a member.	registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  Johns D. 16895 Hornand Tomber Complete to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent