

**Mo8000000540**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC REGISTERED AGENT CHANGE  
HCMA STAFFING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$25.00

RECEIVED

14 APR 15 PM 1:08

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AND  
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**C. LEWIS**

APR 16 2014

**EXAMINER**

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April 15, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HCMA STAFFING, LLC  
1515 S FEDERAL HWY., STE 401  
BOCA RATON, FL 33432

SUBJECT: HCMA STAFFING, LLC  
REF: M08000000540

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to our records the current registered agent is Corporation Service Company. Please adjust your application accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

FAX Aud. #: H14000086164  
Letter Number: 114A00008056

**\*RE-SUBMIT\***

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# 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: HCMA STAFFING, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 01/31/2008 Date of filing/registration in Florida

4. M08000000540 Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

(b) NRAI Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

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.

John Benigenburg  
Signature of a member or authorized representative of a member

John Benigenburg

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.

Kristin Bolden  
By: Kristin Bolden Assistant Secretary  
Signature of Registered Agent

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

APPROVED  
AND  
FILED

14 APR 10 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA