W 13000000690

(Requestor's Name)					
(Address)					
(Addiess)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Bocument Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000262745220

08/08/14--01016--010 **25.00

16 AUG -8 PH [2: 17

AUG 1 8 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Britny Yeager byeagerl@cscinfo.com

Date: August 6, 2014

Order#: 238219-007

Re: ATLAS MEDSTAFF, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Britny Yeager c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

OUCA.XCOA

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	me of the limited liability company: ATLAS MEDST.	AFF, LLC	C
2.	(a)	11840 Nicholas Street, Suite 215	(b	b)
_	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Omaha, NE 68154	- -	
		02/01/2013		M13000000690
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	NRIA Serices, Inc.		
		Registered Agent and Registered Office shown on the records of t	the Florida	a Dept. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS.	<u>S)</u>
		Plantation , FL	33324	4
	<i>(</i> 1.)	Corneration Service Company		
	(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ldress.
		Estat hade of 14244 Registered in 12212 and the 14244 Registered	OTHER ROL	
		1201 Hays Street		
		NEW Registered Office Address:		
				and the state of t
				3 मार्गिक विकेश अवस्था । देखी के अपने क्षा
		Tallahassee, FL	32301	1 CO 1
the ag	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise-provided in
			Dor	na Priebe, Authorized Person
-	Signal	ure a member or authorized representative of a member		Printed or typed name of signee
pr the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I l I in writing of this change.	performa d for in C hereby co	t in this capacity. I further agree to comply with the tance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Si	gnatu	de of Registered Agent Corporation Service Company	BY: Sy	Sylvia Queppet, Assistant Vice President