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(Cit	y/State/Zip/Phone	<del>!</del> #)		
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2016 NOV -4 PM 3: 15
SECRETARY OF STATE

K. SALY NOV - 7 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: November 2, 2016

Order#: 352019-009

Re: MEDICAL STAFFING SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Janis M. Smith 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.

QUCA.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. N	lame of the limited liability company: MEDICAL STAF	FING SO	DLUTIONS	S, LLC
2. (a	8601 N Kentucky Ave	(b)	860.1	N Kentucky Ave
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Suitė A	<del></del>	Suite A	
	Evansville, IN 47725	<del></del> .	Evansvi	lle, IN 47725
•	10/16/2014		M14000	007566
3.	Date of filing/registration in Florida	4.		Document number
5. (a				_
	Registered Agent and Registered Office slipivit on the records of the	he Florida I	Dept, of Stat	¢;
	17888 67th Court N			_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
				72 <b>22</b>
	Loxahatchee , FL	33470	_	FILED 2016 NOV -4 PH 3: 15 SECRETARY OF STATE FALLAHASSEE, FLORIO
(6)	Corporation Service Company			SSS 4 T
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	ess:	PR 3:15 YOF STATE SEE. FLORID
			<del></del> ,	SI SI
	1201 Hays Street			RATE 5
	NEW Registered Office Address:			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Tallahassee , FL_	32301		
the cha agent v was/w	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore.	he registe pility com the limite	red office pany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	My	Melan	ie Theriac	, Manager
/	ture f a member or authorized representative of a member			Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided by reflect a change in the registered office address, I he is writing of this change.	e to act in erforman for in Ch reby con	this capa ce of my a apter 605, firm that t	city. I fürther agree to comply with the luties, and I am famillar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	<u> </u>	BY; Gra	ce E. Kirl	by, Asst. Vice President

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