

M1500007337

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000136373 3)))



H160001363733ABC/

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
STOWE GROUP HEALTHCARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED  
25 JUN -3 PM 12:18  
SECRETARY OF STATE  
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RECEIVED  
16 JUN -3 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STOWE GROUP HEALTHCARE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Pernikoff

Name of Person

CT Corporation

Firm/Company

208 S. LaSalle St, Suite 814

Address

Chicago, IL 60604

City/State and Zip Code

andrew.pernikoff@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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. Name of the limited liability company: STOWE GROUP HEALTHCARE, LLC

2. (a) 100 Manpower Place (b) 100 Manpower Place

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Milwaukee, WI 53212

Attn: Business Law

Milwaukee, WI 53212

09/15/2015

M15000007337

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

REGISTERED AGENT SOLUTIONS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DR. SUITE A

TALLAHASSEE, FL 32301

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

C T Corporation System

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.

A. C. R. H.

Andrew Pernikoff

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

By: C T Corporation System

Signature of Registered Agent

Carrie Bay

COMPLIANCE  
PROSPECTUS

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

INIS18 (2/14)

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** Experis US Inc., a Corporation incorporated under the laws of the state of Wisconsin and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint , Matt Hebl, Ashley Taylor, Andrew Pernikoff, Sharlin Aldao-Carrillo, Jennifer Kurz and Melissa Nolan , employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

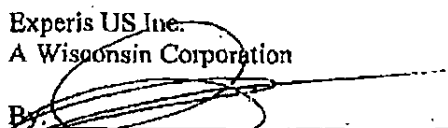
The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Matt Hebl, Ashley Taylor, Sharlin Aldao-Carrillo, Andrew Pernikoff, Jennifer Kurz and Melissa Nolan shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 31<sup>st</sup> day of May, 2016.

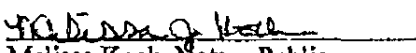
Experis US Inc.  
A Wisconsin Corporation

By:   
Name: Mark Toth  
Title: Secretary

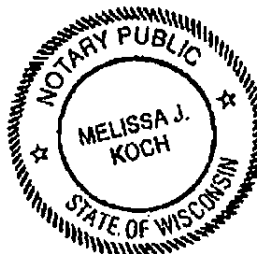
State of Wisconsin  
County of Milwaukee

On May 31, 2016 before me, the undersigned, a Notary Public in and for said State, personally appeared Mark Toth, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

  
Melissa Koch, Notary Public

My commission expires 12/6/19



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6/3/2016 12:13:40 PM From: To: 8506176383( 5/5 )

**Schedule A**

Stowe Group Healthcare, LLC