

M17000005046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

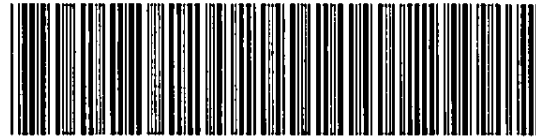
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/17--01020--025 **25.00

FILED
28 SEP 18 AM 11:01
FALLS CHURCH, VA

SEP 20 2017
J. HARRIS

82702 LHM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARNC Holdco, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassandra Lopez

Name of Person

Cross Country Healthcare, Inc.

Firm/Company

5201 Congress Avenue, Suite 100

Address

Boca Raton, FL 33487

City/State and Zip Code

calopez@crosscountry.com

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

For further information concerning this matter, please call:

Cassandra Lopez

Name of Person

at (561) 998-2232

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2017

CASSANDRA LOPEZ
CROSS COUNTRY HEALTHCARE INC
5201 CONGRESS AVENUE, SUITE 100
BOCA RATON, FL 33487

SUBJECT: ARNC HOLDCO, LLC
Ref. Number: M17000005046

We have received your document for ARNC HOLDCO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 417A00018302

2017 SEP 18 PM 1:02

RECEIVED
TALLAHASSEE, FLORIDA

FILED
2017 SEP 18 AM 11:01
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ARNC Holdco, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000005046

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/12/17

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Advantage RN, LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Susan E. Ball

Signature of the authorized representative

Susan E. Ball, Secretary

Typed or printed name of signee

Filing Fee: \$25.00


SEP 18 AM 11:01
FILED
CLERK OF COURT
JANUARY 18, 2018

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "ARNC HOLDCO, LLC",
CHANGING ITS NAME FROM "ARNC HOLDCO, LLC" TO "ADVANTAGE RN,
LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF JULY,
A.D. 2017, AT 11:58 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

6404861 8100
SR# 20175353464

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202927882
Date: 07-21-17

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:58 AM 07/21/2017
FILED 11:58 AM 07/21/2017
SR 20175353464 - File Number 6404861

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
ARNC HOLDCO, LLC**

ARNC Holdco, LLC (hereinafter called the "Company"), a limited liability company organized and existing under and by virtue of the Limited Liability Act of the State of Delaware, does hereby certify:

1. The name of the Company is

ARNC HOLDCO, LLC

2. The certificate of formation of the Company is hereby amended to change the Company name to:

Advantage RN, LLC

Dated: July 21, 2017

/s/ Vito Piacente

Name: Vito Piacente

Authorized Person