## M170000000086

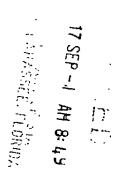
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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09/01/17--01020--023 ++25.00





## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LTU, LLC	
Name of Foreign	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Cassandra Lopez	
Name of Person	
Cross Country Healthcare, I	lnc.
Firm/Company	
5201 Congress Avenue, Su	ite 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	<sub>at (</sub> 561) 998-2232
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:  \$\begin{align*}	: \$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## 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)

State: LTU, LLC	
Enter new principal office address, if applicable:	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liab	bility company is: M1700005086
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 6/12	2/17
SECTION II (5-9 complete only the applicable c	changes)
5. New name of the limited liability company: Account (must	dvantage Locums, LLC
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	
6. If amending the registered agent and/or registered	d officer address on our records, enter the name of the new
registered agent and/or the new registered office ad	dress here:
registered agent and/or the new registered office ad Name of New Registered Agent:	dress here:
Name of New Registered Agent:	Enter Florida Street Address , Florida

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.

le/ Capacity	<u>Name</u>	Address	Type of Action
			Remo
			Add
			Rema
			17 SEP
			SEP = 4 more RAM &
<del></del>			A Remov
			Remov
			Remo

Filing Fee: \$25.00

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADVANTAGE LOCUMS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANTAGE LOCUMS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203101324

Date: 08-22-17

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