

MI7 000005914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

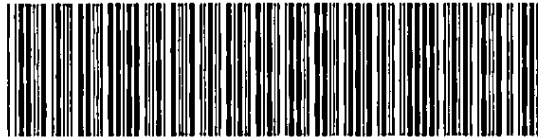
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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03/21/20--01014--010 **25.00

FILED
2020 SEP 21 PM 6:31
CLERK OF COURT
ALABAMA DEPT. OF JUSTICE
MONTGOMERY, ALABAMA

OCT 29 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nurses For Day Care, 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:

WILLIAM MOLDASHEL

Name of Person

NURSES FOR DAY CARE, LLC

Firm/Company

16295 S TAMiami TRAIL, #123

Address

FORT MYERS, FL 33901

City/State and Zip Code

bill@nursesfordaycare.com

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

For further information concerning this matter, please call:

WILLIAM MOLDASHEL at (844) 438-6332
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**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: NURSES FOR DAY CARE, 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: M17000005914

3. Jurisdiction of its organization: CONNECTICUT

4. Date authorized to do business in Florida: 07/12/2017

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C.," 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

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DADE FLORIDA

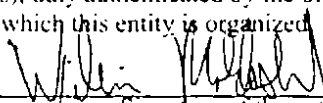
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

CHANGE TITLE FROM "PRESIDENT" AND "VICE PRESIDENT" TO "MEMBER" FOR BOTH

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMBER	TINA PASCOE	32 SOUNDVIEW AVE #2	<input checked="" type="checkbox"/> Add
		OLD SAYBROOK, CT 06475	<input type="checkbox"/> Remove
MEMBER	WILLIAM MOLDASHEL	16295 S TAMiami TRAIL, #123	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33908	<input type="checkbox"/> Remove
PRESIDENT	TINA PASCOE	32 SOUNDVIEW 2	<input type="checkbox"/> Add
		OLD SAYBROOK, CT 06475	<input checked="" type="checkbox"/> Remove
VICE PRES	WILLIAM MOLDASHEL	16295 S TAMiami TRAIL, #123	<input type="checkbox"/> Add
		FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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



Signature of the authorized representative

WILLIAM MOLDASHEL

Typed or printed name of signee

Filing Fee: \$25.00