## M17000010740

(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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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: June 11, 2019

Order#: 788848-006

Re: NURSE FIRST TRAVEL AGENCY LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>MX</u> Please return evidence to the following:

Attn: Ashley Jiminez

c/o Corporation Service Company

251 Little Falls Drive 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.

	nme of the limited liability company: NURSE FIRS			
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	5638 NC HWY 42 STE 201  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	GARNER. NC 27529	<del></del>	GARNER, NC 27529	
	12/19/2017		M17000010740	
	Date of filing/registration in Florida	4.	Document number	
. (a)	INCORP SERVICES, INC.			
(b)	Registered Agent and Registered Office shown on the records	Dept. of State:		
	17888 67TH COURT NORTH			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
			型 20	
			2019 JUN 13	
	LOXAHATCHEE I	1. <u>33470</u>	题 是	
	Corporation Service Company			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	ress:	
	1201 Hays Street		The C	
	NEW Registered Office Address:			
	Tallahassee	1 22201		
	i diidiidasee	L_32301	<del></del>	
e cha gent v as/wo	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability cor s of the limi	ered office and the business office of the register upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
/S/ Jeremy Commisso		Jerei	Jeremy Commisso, Member	
Signature of a member or authorized representative of a member			Printed or typed name of signee	

to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President