## M1900000 4124

(Requestor's Name)	
(Address)	300335290553
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)  (Document Number)	1U/15/19U1U44U13 **25.88
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	201) (
	15 6:112:42
	72

Office Use Only

R. WHITE 1904 0 4 2019



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: October 11, 2019

Order#: 945415-006

Re: CATAPULT HEALTHCARE STAFFING, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

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.

XX 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.

I. Na	me of the limited liability company: CATAPULT HE	ALTHCA	RE STAFF	ING, LLC		
2. (a)	1800 PRESTON PARK BLVD.	(b)	1820 P	RESTON PARK BU	_VD	
	Principal office address of limited liability company:	_	:	Mailing address of limit	-	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE PO.	<u>ST OFFICE</u>	BON)
	SUITE 235		SUITE 16	300		
	PLANO, TX 75093		PLANO	TX_75093		
	2.10,177,0030	<del></del>	_FLXNO,	17 7 3093		
	04/18/2019		M190000	04124		
•	Date of filing/registration in Florida	4.		Document number		-
. (a)	MOORE, MATTHEW					
(/	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- :;		
	1145 TOWNPARK AVE					
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		-		
	SUITE 2201					
	LAVE MADY	007.10		•		
	LAKE MARY , FL	32746				
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>'ess</u> :			
					2019 C JT	
	1201 Hays Street				) (	- •
	NEW Registered Office Address:			•		
					S	
					77	
	Tallahassee	22204			PH 12: 147	الوث
	, FL	32301		••	<del></del>	
the li	mited liability company is not organized under the law	s of the S	tate of Flc	orida, it is hereby co	onfirmed th	nat after
e cha:	nge or changes are made, the Florida street address of	the regist	ered office	and the business o	ffice of the	registere
gent w as/we	ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of	bility con	ipany, it is	hereby confirmed	that the ch	ange(s)
e arti	cles of organization or the operating agreement of the	limited lia	bility com	pany.	ierwise pro	ivided in
	Xel & COMIL	Jill Ci	r Imi Author	rized Person		
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee			
rovisio ie obli mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change	ee to act i performa I for in Ch ereby cor	n this capo ice of my o iapter 605 ifirm that i	ncity. I further agre luties, and I am Jan , F.S. Or, if this do he limited liability	re to comp niliar with cument is company f	ly with the and accep heing filed as been
ignatur	e of Registered Agent Corporation Service Company	Bv: Gra	ce E. Kirk	ov, Asst, Vice Pre	sident	