

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**M2200005673**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NURSE PATHWAYS MEDICAL SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 MAY -5 PM 1:57

2022 MAY -5 PM 2:43

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

SECTION I (I-4 must be completed)

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

State: Nurse Pathways Medical Solutions, LLC

Enter new principal office address, if applicable: 1 Hollow Lane

(Principal office address

MUST BE A STREET ADDRESS)

Suite 112

New Hyde Park NY 11042

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1 Hollow Lane

Suite 112

New Hyde Park NY 11042

2. The Florida document number of this limited liability company is: M22000005673

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 04/13/2022

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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AND
FILED

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