

P06000038148

(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



300251620483

09/19/13--01013--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
13 SEP 19 PM 3:45

SEP 25 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RN Consulting Services, Inc.

Name of Corporation

DOCUMENT NUMBER: P06000038148

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Levine

Name of Contact Person

RN Homecare Services

Firm/Company

23123 State Road 7, Ste 240

Address

Boca Raton, FL 33428

City/State and Zip Code

michael@rnconsultingservices.com

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

For further information concerning this matter, please call:

Michael Levine

Name of Contact Person

at (561) 771-0050

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RN Consulting Services, Inc.
2. The principal office address: 23123 State Road 7, Suite 240, Boca Raton, FL 33428

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/16/2006 Document number: P06000038148

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael Levine

9825 Marina Blvd.

Boca Raton, FL 33428

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Levine

23123 State Road 7, Suite 240

P.O. Box NOT acceptable

Boca Raton, FL 33428

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 19 PM 3:45

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Michael Levine

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

9-16-13

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)