P08000002522

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #1		
(5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
(50	outilione runnion,			
0 (7 10)	A 100			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
<u> </u>				





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04/13/15--01024--002 **35.00

DIVISE A CE CORPORATIONS

CL5/5



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: April 10, 2015

Order#: 570669/007

Re: AMBIENT NURSING SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida is on organized under the laws of the State of sor registered agent, or both, in the State of I	<u>FL</u>
1. The name of	the corporation: AMBIENT NUR	SING SERVICES, INC.	
	l office address: 41 STREET #600DAVIE FL 333	31	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 11/18/20	08 Document number: P08000	102522
	d street address of the current regartment of State: (If resigned, enter	gistered agent and registered office on file wer resigned)	ith the
	BAUMAN BRYAN W		
	15851 SW 41 STREET		5 DIVISION SI
	DAVIE	FL 33331	VISION OF CA
6. The name an (if changed):	•	ered agent (if changed) and /or registered of	ىرى
	Corporation Service Company		MH 8: 10
	1201 Hays Street		O ÷
		D. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addr as changed wil	ress of its registered office and the identical.	he street address of the business office of it	s registered agent,
Such change wauthorized by t	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so
0	36 2	Dona Priebe	Vice President
_	ure of an officer or director	Printed or typed name and tit	le
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of fmv duties, and I am familiar wi	agent and agree to act in this capacity. f all statutes relative to the proper and con ith and accept the obligation of my position ly to reflect a change in the registered offic to the in writing of this change.	rî as registered
By:	race Cokubile	April 02, 2015	
	gnature of Registered Agent \ ehalf of an entity:	Date	
Grace E. Kirby	Assistant Vice President		
	Typed or Printed Name	_	

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