

711000064588

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
CF NURSE REGISTRY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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12/14/11  
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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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CF NURSE REGISTRY, INC.
2. The principal office address: 2601 S. BAYSHORE DR, SUITE 1475  
MIAMI FL 33133
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/18/2011 Document number: P11000064588
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
SISKIND, HARRIS C  
201 SOUTH BISCAYNE BOULEVARD, SUITE 2200  
MIAMI FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Corporation Service Company  
1201 Hays Street  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32301

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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] (Signature of an officer or director) DEREK A. McDOWELL (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.

Corporation Service Company  
By: [Signature] (Signature of Registered Agent) 12/13/11 (Date)

If signing on behalf of an entity:

Kimberly B. Moret  
as its agent  
(Type 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 (8/05)