

P12 0000 91562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

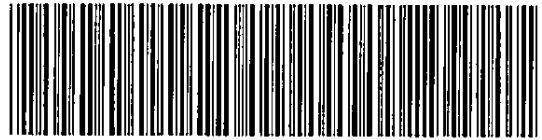
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mazal Nursing Services, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P12000091562

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:

Sandra Rub  
Name of Contact Person  
Mazal Nursing Services, Inc  
Firm/Company  
2828 SW 22nd Street, Suite 103  
Address  
Miami, Florida 33145  
City/State and Zip Code

sandrarub@mazalnursingservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Rub at (305) 9454488  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Mazal Nursing Services, Inc
2. The principal office address: 2828 SW 22nd Street, Suite 103, Miami, Florida 33145
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: October 31, 2012 Document number: P12000091562
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)

Rub, Sandra  
1728 Coral Way, Suite 100  
Coral Gables, Florida 33145

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

Rub, Sandra  
2828 SW 22nd Street, Suite 103  
Miami, Florida 33145

P. O. Box NOT acceptable


FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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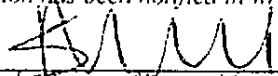
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Sandra Rub  
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

November 25, 2024  
Date

If signing on behalf of an entity:

Sandra Rub  
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 (04/13)