



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/24/2017	201729603016	FOREIGN LLC - REGISTRATION CORRECTION (LFC)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CROSS COUNTRY HEALTHCARE, INC.
5201 CONGRESS AVENUE
SUITE 100 A-B
BOCA RATON, FL 33487

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4038270

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ADVANTAGE RN LOCAL STAFFING, LLC

and, that said business records show the filing and recording of:

Document(s)

FOREIGN LLC - REGISTRATION CORRECTION

Effective Date: 10/20/2017

Document No(s):

201729603016



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
24th day of October, A.D. 2017.

Ohio Secretary of State

Form 543B Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
 File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

**Foreign Limited Liability Company
 Certificate of Correction**
Filing Fee: \$50
(135-LFC)
Form Must Be Typed

2017 OCT 20 PM 12: 00

The undersigned authorized representative of:

CARNLS, LLC

Name of limited liability company in jurisdiction of formation

Name of limited liability company in Ohio, if different than above

4038270

Ohio Registration Number

Delaware

Jurisdiction of Formation

Only complete sections that apply. (sections to be corrected)

Advantage RN Local Staffing, LLC

Name of limited liability company in jurisdiction of formation

Name of limited liability company in Ohio

Advantage RN Local Staffing, LLC

Name of limited liability company in Ohio must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"

The address to which interested persons may direct requests for copies of any operating agreement, or any bylaws, or other charter documents of the company is:

Mailing Address

City

State

ZIP Code

Complete the information in this section if the limited liability company wants to correct the statutory agent information.

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Name of Statutory Agent

Mailing Address

City

OH

State

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Susan E. Ball, Secretary

Signature

By (if applicable)

Susan E. Ball

Print Name

Signature

By (if applicable)

Print Name