

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

0613961  
Michael G. Adams  
KY Secretary of State  
Received and Filed

5/29/2024 4:53:41 AM

Fee receipt: \$10.00

L905

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Statement of Change of  
Principal Office Address**

**POC**

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

**TRAVEL NURSE ACROSS AMERICA, LLC**

and for that purpose submits the following statements:

**1. Address of current principal office**

5020 NORTSHORE DRIVE  
SUITE 2  
NORTH LITTLE ROCK, AR 72118

**2. Principal office is hereby changed to:**

5020 NORTSHORE DRIVE  
NORTH LITTLE ROCK, AR 72118

**3. Authorized Signature of Entity**

*Janet Mack, Authorized Person*

Signature and Title

Janet Mack, Authorized Person

Type or print name and title

5/29/2024

Date