M07000006141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 APR 12 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 13 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Signature Payroll Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melody Shannon
Name of Person

Signature Healthcare, LLC
Firm/Company

12201 Bluegrass Parkway
Address

Louisville, KY 40299
City/State and Zip Code

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

For further information concerning this matter, please call:

Melody Shannon at (502) 568-7860
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ $25 Filing Fee
- ☐ $30 Filing Fee & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2018

MELODY SHANNON
12201 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

SUBJECT: SIGNATURE PAYROLL SERVICES, LLC
Ref. Number: M07000006141

We have received your document for SIGNATURE PAYROLL SERVICES, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 818A00006445

RECEIVED
APR 12 2018

FILED
2018 APR 12 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Signature Payroll Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

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2018 APR 12 PM 1:37
TALLAHASSEE FLORIDA

2. The Florida document number of this limited liability company is: M07000006141

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/12/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Stakeholder Payroll Services, LLC
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Sandra Adams
Signature of the authorized representative

Sandra Adams
Typed or printed name of signee

Filing Fee: $25.00

FILED
2018 APR 12 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SIGNATURE PAYROLL SERVICES, LLC", CHANGING ITS NAME FROM "SIGNATURE PAYROLL SERVICES, LLC" TO "STAKEHOLDER PAYROLL SERVICES, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF MARCH, A.D. 2018, AT 9:20 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4393633 8100
SR# 20181693666

Authentication: 202257855
Date: 03-05-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:20 AM 03/05/2018
FILED 09:20 AM 03/05/2018
SR 20181693666 - File Number 4393633

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Signature Payroll Services, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows: First

The name of the Limited Liability Company is Stakeholder Payroll Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 2nd day of March, A.D. 2018.

By: Sandra Adams
Authorized Person(s)

Name: Sandra Adams
Print or Type