

M13000006894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

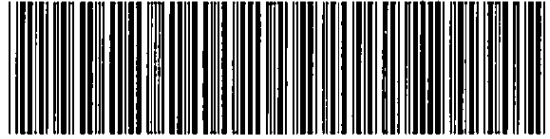
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/05/17
10:00 AM
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DEC 7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D1 SPORTS MEDICINE, 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:

CONTROLLER

Name of Person

EXOS

Firm/Company

2629 E ROSE GARDEN LN

Address

PHOENIX AZ 85050

City/State and Zip Code

FINANCE@TEAMEXOS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN ZYGMONTOWICZ at (**623**) **2011496**

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

**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: D1 SPORTS MEDICINE, LLC

Enter new principal office address, if applicable: 2629 E ROSE GARDEN LN

(Principal office address

MUST BE A STREET ADDRESS)

PHOENIX AZ 85050

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2629 E ROSE GARDEN LN

PHOENIX AZ 85050

2. The Florida document number of this limited liability company is: M13000006894

3. Jurisdiction of its organization: TN

4. Date authorized to do business in Florida: 3/31/2014

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

5. New name of the limited liability company: EXOS PHYSICAL THERAPY AND SPORTS MEDICINE, 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: CORPORATION SERVICE COMPANY

New Registered Office Address: 1201 HAYS STREET

Enter Florida Street Address

TALLAHASSEE

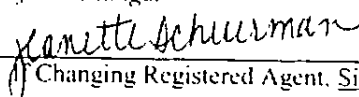
Florida 32301

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.



Changing Registered Agent, Signature of New Registered Agent

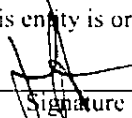
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

DELAWARE

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

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> 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.



 Signature of the authorized representative
JOHN ZYGMONTOWICZ

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

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 CONVERSION OF A TENNESSEE LIMITED LIABILITY COMPANY UNDER THE NAME OF "D1 SPORTS MEDICINE, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "D1 SPORTS MEDICINE, LLC" TO "EXOS PHYSICAL THERAPY AND SPORTS MEDICINE, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2017, AT 8:16 O'CLOCK A.M.



6519082 8100F
SR# 20175823150

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

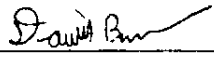
A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203096114
Date: 08-22-17

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Tennessee.
- 2.) The jurisdiction immediately prior to filing this Certificate is Tennessee.
- 3.) The date the Non-Delaware Limited Liability Company first formed is February 27, 2012.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is D1 Sports Medicine, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is EXOS Physical Therapy and Sports Medicine, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
22nd day of August, A.D. 2017

By: 
Authorized Person

Name: Daniel Burns
Print or Type


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "EXOS PHYSICAL THERAPY AND SPORTS MEDICINE, LLC" FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF AUGUST, A. D. 2017, AT 8:16 O`CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

6519082 8100F
SR# 20175823150

Authentication: 203096114
Date: 08-22-17

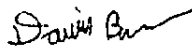
You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

- **First:** The name of the limited liability company is EXOS Physical
Therapy and Sports Medicine, LLC
- **Second:** The address of its registered office in the State of Delaware is _____
251 Little Falls Dr. in the City of Wilmington
Zip Code 19808

The name of its Registered agent at such address is Corporation Service Company
- **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
22nd day of August, 2017.

By: 
Authorized Person(s)

Name: Daniel Burns
Typed or Printed