

01/14/00000000 296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

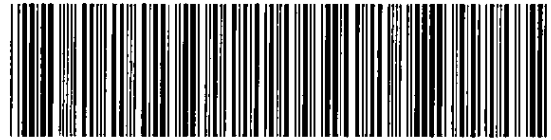
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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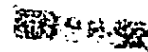
R. Hunt
7/26/23

2023 JUL 25 PM 3:16
CLERK OF STATE
TALLAHASSEE, FL
OFFICE OF STATE
TALLAHASSEE, FLORIDA

FILED

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RECEIVED



R. HUNT
07/27/23

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 07/25/2023
 Acc#120160000072

W: C D W

Name:	Progressive Medical, LLC
Document #:	
Order #:	15047413

Certified Copy of Arts & Amend:	<input type="checkbox"/>	RECEIVED JUL 25 PM 3:17 CLERK OF STATE TALLAHASSEE, FL	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **55.00**

Thank you!

**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: Progressive Medical, LLC

Enter new principal office address, if applicable: 250 Progressive Way
Westerville, OH 43082
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000000296

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 12/26/2013

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

5. New name of the limited liability company: _____
(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

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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:
 2nd page of changes below. These two are title changes.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasurer <input checked="" type="checkbox"/>	Peter M. Gill	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		Minnetonka, MN 55343	<input type="checkbox"/> Remove
Secretary	Karen E. Bohmer	1600 McConnor Parkway	<input checked="" type="checkbox"/> Add
		Schaumburg, IL, 60173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FL

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.

 HL

Signature of the authorized representative

Heather A. Lang

Typed or printed name of signee

Filing Fee: \$25.00