

M18000003824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

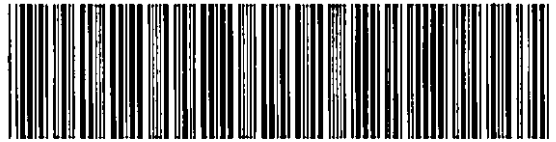
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 NOV -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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NOV 16 2018

SUNZ

INSURANCE

October 30, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

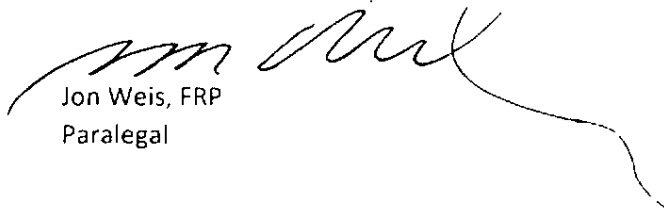
RE: Amendment – Foreign Limited Liability Company

Dear Sir or Ma'am,

Attached to this letter you will find the Amendment for Ascential Care Partners, LLC along with the supporting documents and filing fee.

If any additional documentation is needed or if you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Jon Weis, FRP
Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ascential Care Partners, 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:

Jon Weis

Name of Person

Sunz Insurance Company

Firm/Company

1301 6th Avenue West

Address

Bradenton, FL 34205

City/State and Zip Code

jweis@sunzinsurance.com

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

For further information concerning this matter, please call:

Jon Weis

Name of Person

at (941) 306-3077

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: Ascential Care Partners, 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 NOV - 1 PM 3:07

FILED

2. The Florida document number of this limited liability company is: M18000003824

3. Jurisdiction of its organization: Kentucky

4. Date authorized to do business in Florida: 4/18/2018

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.

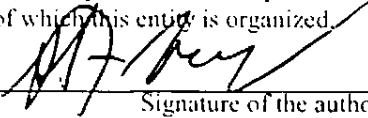
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Cindy Whitehouse	333 West Vine Street	<input type="checkbox"/> Add
		Lexington, KY 40502	<input checked="" type="checkbox"/> Remove
Manager	Steve Herrig	1301 6th Avenue West	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34205	<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

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

Steve Herrig

Typed or printed name of signee

Filing Fee: \$25.00