

MA21000001559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

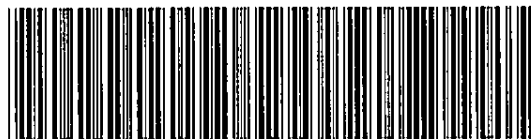
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OCT 14 2025

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DIVISION

2025 OCT 13 PM 4:43

RECEIVED

2025 OCT 13 AM 11:07

NOTED BY
TAMARA S. LITTON

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

Date: 10/13/2025

Acc#120160000072

en: c DW

Name:	AEROCARE HOLDINGS LLC
Document #:	
Order #:	16582664

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
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Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEROCARE HOLDINGS 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:

Mackenzie Hudson

Name of Person

Holland & Knight, LLP

Firm/Company

511 Union Street, Suite 2700

Address

Nashville, TN 37219

City/State and Zip Code

julie.berkshire@adapthealth.com

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

For further information concerning this matter, please call:

Mackenzie Hudson

Name of Person

at (615) 850-6179

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: AEROCARE HOLDINGS 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

2. The Florida document number of this limited liability company is: M21000001559

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/09/2021

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

5. New name of the limited liability company: AdaptHealth West, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 OCT 13 PM 4:12

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>
_____	_____	_____	☐ 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.

Richard Rew

Signature of the authorized representative

Richard Rew, Chief Legal Officer

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE
STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AEROCARE
HOLDINGS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "ADAPTHEALTH WEST, LLC" ON THE NINTH DAY OF OCTOBER,
A.D. 2025, AT 4:24 O'CLOCK P.M.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4242625 8320
SR# 20254238745

Authentication: 205008502
Date: 10-10-25

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