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Division of Corporations



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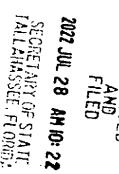
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明 28 2022



From: Alexander Englard

(((H220002546563)))

## 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)

Name of limited liability Company as it appears  State: WILLISTON NURSING AND		partment of	
Enter new principal office address, if applicable:			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )			
2. The Florida document number of this limited lia		04601	
3. Jurisdiction of its organization: DELAWAF	RE		
4. Date authorized to do business in Florida: 03	/25/2022	202 1 AL	<b>)</b> !
SECTION II (5-9 complete only the applicable of		<b>2 Jul</b> Crej Lah	
5. New name of the limited liability company (must	t contain "Limited Liability Com	pany. ""L.L.C.," Fig. 2	FILED
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adopting the alte	isiness in Floridarmientta and emate name. The altrinate han	10 10
6. If amending the registered agent and/or registere registered agent and/or the new registered office at		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	Street Address	
	City	, Florida	
New Registered Agent's Signature. If changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist-document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capact and complete performance of my ered agent as provided for in Ch in the registered office address.	eduties, and Lam familiar with apter 605, F.S. Or, if this	'i

To:

(((1122000254656 3)))

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Acuc
MGRM	ADVANCED NURSING HOLDCO LLC	400 RELLA BLVD	Add
		MONTEBELLO, NY 10	901 Remo
MGRM	Williston Nursing Holdco LLC	400 RELLA BLVD	Add
		MONTEBELLO, NY 10	901 ☐ Remo
			Add
			Remov
		Add	
			Remov
			Add
			Remov

Filing Fee: \$25.00