

F98000004578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

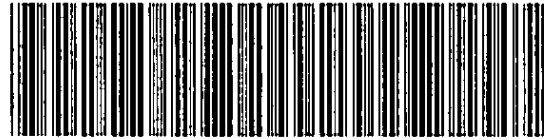
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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21 DEC -6 PM 2:20
CLERK OF COURT

T. LEMIEUX

DEC 17 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Care Group, Inc.
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:

Marc Flores

Name of Person

SeaCoast Health Systems, Inc.

Firm/Company

410 Ware Blvd., Suite 1001

Address

Tampa, FL 33619

City/State and Zip Code

mflores@seacoasthealthsystems.com

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

For further information concerning this matter, please call:

Michelle Vaughan

at (813) 3412731

Name of Person

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

CR2E055 (9/15)

**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: Pennsylvania

Enter new principal office address, if applicable: 410 Ware Blvd., Suite 1001

(Principal office address

MUST BE A STREET ADDRESS)

Tampa, FL 33619

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

410 Ware Blvd., Suite 1001

Tampa, FL 33619

2. The Florida document number of this limited liability company is: F98000004578

3. Jurisdiction of its organization: State of Pennsylvania

4. Date authorized to do business in Florida: 8/11/1998

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

5. New name of the limited liability company: SeaCoast Health Systems, Inc.

(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: Michelle Vaughan

New Registered Office Address: 410 Ware Blvd., Suite 1001

Enter Florida Street Address

Tampa

Florida 33619

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.

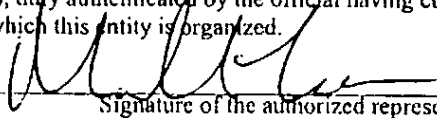
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Michelle Vaughan	1240 Marbella Plaza Drive	<input type="checkbox"/> Add
		Tampa, FL 33619	<input checked="" type="checkbox"/> Remove
President	Marc Flores	410 Ware Blvd., Suite 1001	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<input type="checkbox"/> Remove
CFO	Angelica Wang	410 Ware Blvd., Suite 1001	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<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

Marc Flores

Typed or printed name of signee

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O.BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

CT Corporation System
COUNTER

SeaCoast Health Systems, Inc.

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch.

Entity number : 781042

Entity# : 781042
Date Filed : 09/16/2021
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
CT - COUNTER
Name: 1387855602
Address: nicola.grimmet@wollersklawer.com
City: _____ State: _____ Zip Code: _____
☒ Return document by email to: _____

Articles of Amendment
Domestic Corporation
DSCB:15-1915/5915 (rev. 7/2015)



TCO210916MC0875

Read all instructions prior to completing. This form may be s

Fee: \$70

Check one: ☐ Business Corporation (§ 1915) ☒ Nonprofit Corporation (§ 5915)

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Senior Care Group, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
(Complete only (a) or (b), not both)

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider c/o: NATIONAL REGISTERED AGENTS, INC. Dauphin				

3. The statute by or under which it was incorporated: PA Non-Profit (Non Stock)

4. The date of its incorporation: 09/12/1983
(MM/DD/YYYY)

5. Check, and if appropriate complete, one of the following:
☒ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.
☐ The amendment shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

2021 SEP 16 AM 9:38

PA DEPT OF STATE

DSCB:15-1915/5915-2

6. Check one of the following:

☒ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

☐ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate complete, one of the following:

☒ The amendment adopted by the corporation, set forth in full, is as follows

The name of the Non-Profit (Non Stock) Corporation is changed to: SeaCoast Health Systems, Inc.

☐ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

☐ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

14th day of September, 2021.

Senior Care Group, Inc.

Name of Corporation

[Signature]

Signature

President

Title