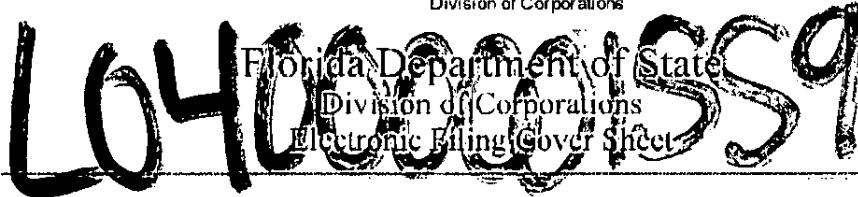


3/29/2017

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000086151 3)))



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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
17 MAR 29 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VITAL RECORDS CONTROL OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

MAR 30 2017

1/1

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Vital Records Control of Florida, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shiho Inouye

Name of Person

Kirkland & Ellis LLP

Firm/Company

555 California Street, Suite 2700

Address

San Francisco, CA 94104

City/State and Zip Code

dpalo@vrcofm.com

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

For further information concerning this matter, please call:

Shiho Inouye

at (415)

439-1966

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
Certificate of Status☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301FILED
17 MAR 29 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vital Records Control of Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 31, 2003 and assigned
Florida document number L04000001559

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.



Scott White, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VRC Companies, LLC	5400 Meltech Boulevard, Ste. 101	<input checked="" type="checkbox"/> Add
		Memphis, Tennessee 38118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jimmie D. Williams	100 Peabody Place, Ste. 1400	<input type="checkbox"/> Add
		Memphis, Tennessee 38103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas R. Petty	459 Canterbury Rise	<input type="checkbox"/> Add
		Franklin, Tennessee 37067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Danny Palo	2329 Dogwood Meadows CV	<input type="checkbox"/> Add
		Germantown, Tennessee 38139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAR 29 AM 8:28
TALLAHASSEE, FLORIDA
CLERK OF COURT
STATE OF FLORIDA

1

17 MAR 29 AM 8:28
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Pursuant to 605.0207 (3)(b)
will not be listed as the
in the earlier of:

Dated March 28 2017

Typed or printed name of signee