

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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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

2020 MAY 18 AM 11:07

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

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDCORP, LLC

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020 MAY 18 AM 11:07

MedCorp, 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 November 19, 2007 and assigned Florida document number L07000116293.

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:**

9715 Kincaid Drive, Suite 1000, Fishers, Indiana 46037

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

9715 Kincaid Drive, Suite 1000, Fishers, Indiana 46037

**(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:**

CT Corporation

**New Registered Office Address:**

1200 SPine Island Rd #250

*Enter Florida street address*

Plantation

Florida

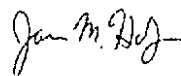
33324

*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.*



**James M. Halpin**  
Assistant Secretary

**If Changing Registered Agent, Signature of New Registered Agent**

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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

2020 MAY 18 AM 11:07

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	David Trogden	9715 Kincaid Drive, Suite 1000,	<input type="checkbox"/> Add
		Fishers, Indiana 46037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Varsity Probo Holdings, LLC	9715 Kincaid Drive, Suite 1000,	<input type="checkbox"/> Add
		Fishers, Indiana 46037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If attaching any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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## E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

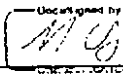
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

A handwritten signature in blue ink, appearing to read "M Asmer", is enclosed in a rectangular box. Above the box, the text "DocuSigned by" is visible, and below the box, the text "Michael Asmer" is printed.

Signature of a member or authorized representative of a member

Michael Asmer

Typed or printed name of signee