

11/4/21, 12:18 PM

Division of Corporations

L21000230313

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 : LEGALZOOM.COM INC.  
Account Number : I200100000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

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

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

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2021 NOV -4 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV -4 PM 2:03

TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHIFT CHANGE HEALTH LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

NOV 5 2021

S. PRATHER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SHIFT CHANGE HEALTH 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:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
Address

Glendale, CA 91203

\_\_\_\_\_  
City/State and Zip Code

jacobdaniel.email@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 32301



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>
MGR	DANIEL, JACOB S		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3832-10 Baymeadows Road, Suite 199 Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change
MGR	REYNOLDS, RYAN H		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3832-10 Baymeadows Road, Suite 199 Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change
MGR	DANIEL, NINA N		<input type="checkbox"/> Add
		938 LASALLE ST. JACKSONVILLE, FL 32207	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated NOVEMBER 1<sup>st</sup>, 2021



Typed or printed name of signee

**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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