

1000000002023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

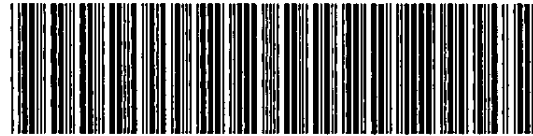
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAR 29 AM 10:28  
HALL & MASSEY, FLORIDA

MAR 30 2017

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERI-LIFE HEALTH SERVICES OF INDIAN RIVER COUNTY, L.L.C.  
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:

**TERRY DUNCAN**

Name of Person

**AMERILIFE GROUP, LLC**

Firm/Company

**2650 MCCORMICK DR STE 200S**

Address

**CLEARWATER, FL 33759**

City/State and Zip Code

**TDUNCAN@AMERILIFE.COM**

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

For further information concerning this matter, please call:

**TERRY DUNCAN**

Name of Person

at ( **727** ) **216-0859**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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

**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: AMERI-LIFE HEALTH SERVICES OF INDIAN RIVER COUNTY, L.L.C.

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M00000002023

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 09/26/2000

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

5. New name of the limited liability company: AMERILIFE OF INDIAN RIVER COUNTY, LLC  
(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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

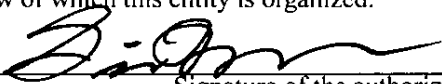
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
DEPARTMENT OF STATE

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

Gideon Moore-Secretary, AL AmeriLife, LLC its mgr

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AMERI-LIFE AND HEALTH SERVICES OF INDIAN RIVER COUNTY, L.L.C.", CHANGING ITS NAME FROM "AMERI-LIFE AND HEALTH SERVICES OF INDIAN RIVER COUNTY, L.L.C." TO "AMERILIFE OF INDIAN RIVER COUNTY, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF MARCH, A.D. 2017, AT 10:17 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

3278872 8100  
SR# 20171682777

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202172215  
Date: 03-09-17

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:17 AM 03/09/2017  
FILED 10:17 AM 03/09/2017  
SR 20171682777 - File Number 3278872

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Ameri-Life and Health  
Services of Indian River County, L.L.C.
2. The Certificate of Formation of the limited liability company is hereby amended  
as follows:

The existing Paragraph 1 is hereby deleted, and the  
following is hereby inserted in lieu thereof:

"1. The name of the limited liability company is  
AmeriLife of Indian River County, LLC."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 8th day of March, A.D. 2017.

By: G. M. D. H. /

Authorized Person(s)

Name: R. Nathan Rightmeyer

Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "AMERILIFE OF INDIAN RIVER COUNTY, LLC"  
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN  
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF  
THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2017.



3278872 8300

SR# 20171685004

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202172227

Date: 03-09-17