

N103000002060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

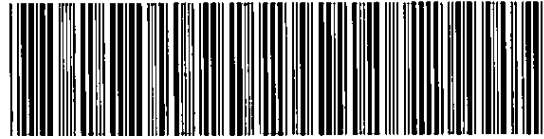
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300357071053

2021 JAN -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JAN -6 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 01/06/2021

Name: Merritt Walker

Reference #: 1311833

Entity Name: FAMILY HOME HEALTH SERVICES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Home Health Services, LLC
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:

Stephanie Michaels

Name of Person

Vedder Price P.C.

Firm/Company

222 N. LaSalle St., Suite 2300

Address

Chicago, IL 60601

City/State and Zip Code

mnemeroff@vedderprice.com

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

For further information concerning this matter, please call:

Stephanie Michaels at (312) 609-7523

Name of Person

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: Family Home Health Services, LLC

Enter new principal office address, if applicable: 5460 63RD STREET EAST

(Principal office address

MUST BE A STREET ADDRESS)

BRADENTON, FL 34203

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

5460 63RD STREET EAST

BRADENTON, FL 34203

2. The Florida document number of this limited liability company is: M03000002060

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/24/2003

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

5. New name of the limited liability company: _____
(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.

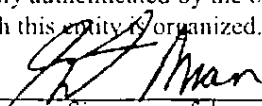
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>NORMA BIMBO</u>	<u>5460 63RD STREET EAST</u>	<input checked="" type="checkbox"/> Add
		<u>BRADENTON, FL 34203</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>LISA POTTER</u>	<u>5460 63RD STREET EAST</u>	<input checked="" type="checkbox"/> Add
		<u>BRADENTON, FL 34203</u>	<input type="checkbox"/> Remove
<u>C,S, D</u>	<u>JUDY BISHOP</u>	<u>5460 63RD STREET EAST</u>	<input checked="" type="checkbox"/> Add
		<u>BRADENTON, FL 34203</u>	<input type="checkbox"/> Remove
<u>VP,AS,D</u>	<u>GREGORY K. JONES</u>	<u>5460 63RD STREET EAST</u>	<input checked="" type="checkbox"/> Add
		<u>BRADENTON, FL 34203</u>	<input type="checkbox"/> Remove
<u>VP,AS,D</u>	<u>SCOTT BROWN</u>	<u>5460 63RD STREET EAST</u>	<input checked="" type="checkbox"/> Add
		<u>BRADENTON, FL 34203</u>	<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

Scott Brown, Vice President and Assistant Secretary

Typed or printed name of signer

Filing Fee: \$25.00