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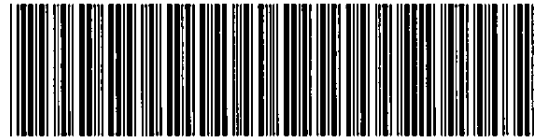
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUL 18 PM 3:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 07-18-07

NAME: sovereign healthcare of vero beach, llc

TYPE OF FILING: amendment

COST: \$55

RETURN: certified copy

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

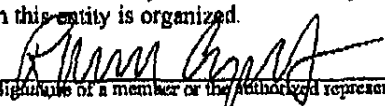
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SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Sovereign Healthcare of Vero Beach, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 10/15/2004

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 11/7/2005
5. New name of the limited liability company: HSP Warner, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
n/a
(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 end with "Limited Liability Company," "L.L.C." or "LLC.")
6. If the amendment changes the period of duration, indicate new period of duration:
n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
n/a
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a
9. Attached is an original certificate, 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 a member or the authorized representative of a member

R. MARK CRONQUIST
Typed or printed name of signer

Filing Fee: \$25.00

**CERTIFICATE OF AMENDMENT OF THE
CERTIFICATE OF FORMATION
OF SOVEREIGN HEALTHCARE OF VERO BEACH, LLC**

Sovereign Healthcare of Vero Beach, LLC, a limited liability company organized and existing under the laws of the State of Delaware (the "Company"), hereby certifies as follows:

1. The Company was originally formed in the State of Delaware and the original Certificate of Formation of the Company was filed with the Secretary of State of the State of Delaware on October 14, 2004.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The paragraph under Section 1 is hereby deleted in its entirety and replaced with the following:

"The name of the limited liability company is HSP Warner, LLC".

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 7th day of November, 2005.

/s/ John Notermann
John Notermann, Manager

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:59 PM 11/07/2005
FILED 01:59 PM 11/07/2005
SRV 050907344 - 3867788 FILE

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, 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 "SOVEREIGN HEALTHCARE OF VERO BEACH, LLC", CHANGING ITS NAME FROM "SOVEREIGN HEALTHCARE OF VERO BEACH, LLC" TO "HSP WARNER, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF NOVEMBER, A.D. 2005, AT 1:59 O'CLOCK P.M.

3867788 8100

070814640



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5842023

DATE: 07-13-07