

**M05000000266**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

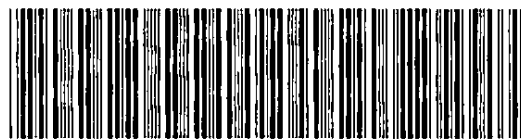
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**500300693505**

07/10/17--01006--005 \$425.00

SECRETARY OF STATE  
FALL RIVER, MA 01923

2017 JUL 10 AM 9:52

**FILED**

JUL 13 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CBIZ Accounting, Tax & Advisory of Florida, 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:

Martha Lange

Name of Person

CBIZ

Firm/Company

6050 Oak Tree Blvd., Suite 500

Address

Cleveland, OH 44131

City/State and Zip Code

mlange@cbiz.com

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

For further information concerning this matter, please call:

Martha Lange

Name of Person

at ( 216 ) 525-1957

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: CBIZ Accounting, Tax & Advisory of Florida, LLC

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: M05000000266

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/19/2005

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

5. New name of the limited liability company: CBIZ MHM of Florida, 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.*

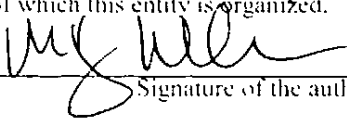
If Changing Registered Agent, Signature of New Registered Agent

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>           |
|------------------------|-------------|----------------|---------------------------------|
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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

**Mathew J Morelli**

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

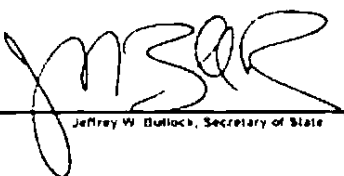
FILED  
2017 JUL 10 AM 9:52  
CLERK OF SUPERIOR COURT  
ALABAMA

# 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 "CBIZ ACCOUNTING, TAX & ADVISORY OF FLORIDA, LLC", CHANGING ITS NAME FROM "CBIZ ACCOUNTING, TAX & ADVISORY OF FLORIDA, LLC" TO "CBIZ MHM OF FLORIDA, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017, AT 10:09 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

3884196 8100  
SR# 20174938213

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

Authentication: 202778172  
Date: 06-26-17

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:09 AM 06/26/2017  
FILED 10:09 AM 06/26/2017  
SR 20174938213 - File Number 3884196

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: CBIZ Accounting, Tax & Advisory of Florida, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is CBIZ MHM of Florida, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 26th day of June, A.D. 2017.

By: Martha A. Lange  
Authorized Person(s)

Name: Martha A Lange  
Print or Type