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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

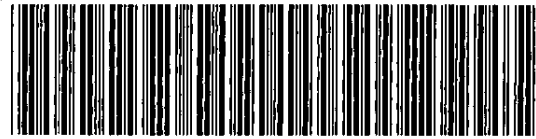
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BA Thomas JUN 04 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Corf Northwest, 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:

Margarita M. Grishkoff
(Name of Person)

Ulysses Acquisitions, Inc.
(Firm/Company)

23150 Fashion Drive T-240
(Address)

Estero, FL 33928
(City/State and Zip Code)

For further information concerning this matter, please call:

Margarita M. Grishkoff at (239) 948-0041
(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

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TALLAHASSEE, FLORIDA

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

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: A Corf Northwest, LLC
2. Jurisdiction of its organization: Washington
3. Date authorized to do business in Florida: 8/15/07

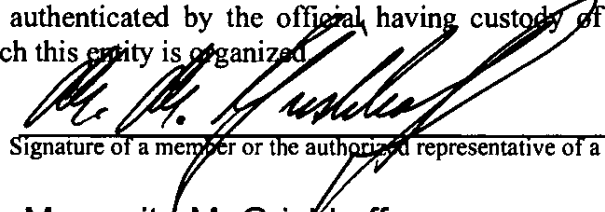
SECTION II (4-7 complete only the applicable changes)

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? April 30, 2008
5. New name of the limited liability company: West Coast Therapy, LLC
(must end with "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 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

Margarita M. Grishkoff

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WASHINGTON



SECRETARY OF STATE

WEST COAST THERAPY, LLC

BUSINESS FILINGS INCORPORATED
1801 WEST BAY DR NW STE 206
OLYMPIA WA 98502

AMENDMENT

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting Washington statutory requirements have been filed and processed with the Secretary of State on behalf of:

WEST COAST THERAPY, LLC

A Washington Limited Liability Company
UBI: 602 091 579
Filing Date: April 30, 2008
Effective Date: April 30, 2008

Previous Name:

A-CORE NORTHWEST, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Given under my hand and the seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State