

MO7000006106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

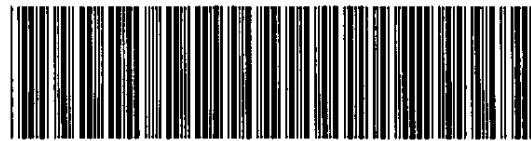
(Business Entity Name)

(Document Number)

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

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FILED  
17 JUL 14 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 17 2017

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERILIFE OF CENTRAL GEORGIA, 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:

TERRY DUNCAN

Name of Person

AMERILIFE GROUP, LLC

Firm/Company

2650 MCCORMICK DRIVE #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 at ( 727 ) 216-0859  
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: AMERILIFE OF CENTRAL GEORGIA, 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: M07000006104

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/10/2007

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

5. New name of the limited liability company: AMERILIFE OF GEORGIA, 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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17 JUL 14 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 CENTRAL GEORGIA, LLC", CHANGING ITS NAME FROM  
"AMERI-LIFE AND HEALTH SERVICES OF CENTRAL GEORGIA, LLC" TO  
"AMERILIFE OF GEORGIA, LLC", FILED IN THIS OFFICE ON THE SIXTH  
DAY OF MARCH, A.D. 2017, AT 1:18 O'CLOCK P.M.



4425126 8100  
SR# 20171610674

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 "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202825829  
Date: 07-05-17

# 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 CENTRAL GEORGIA, LLC", CHANGING ITS NAME FROM "AMERI-LIFE AND HEALTH SERVICES OF CENTRAL GEORGIA, LLC" TO "AMERILIFE OF CENTRAL GEORGIA, LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF MARCH, A.D. 2017, AT 1:18 O'CLOCK P.M.

Delaware made an error when certifying the name change. Amendment is to correct their error.



  
Jeffrey W. Bullock, Secretary of State

4425126 8100  
SR# 20171610674

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

Authentication: 202149801

Date: 03-06-17

Mar. 6. 2017 1:23PM

No. 0332 P. 12

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:18 PM 03/06/2017  
FILED 01:18 PM 03/06/2017  
SR 20171610674 - File Number 4425126


**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Ameri-Life and Health  
Services of Central Georgia, LLC
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 Georgia, LLC."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 6th day of March, A.D. 2017.

By:   
Authorized Person(s)

Name: R. NATHAN HIGDON  
Print or Type