

NO9000000482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

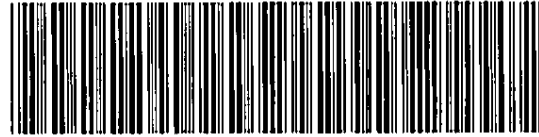
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: LIFE CARE PARTNERS OF FLORIDA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: *MW*

**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: Life Care Partners of Florida, 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: M09000000482

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/05/2009

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.

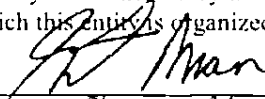
If Changing Registered Agent, Signature of New Registered Agent

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)(e), 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</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</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</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 signee

Filing Fee: \$25.00