

4/13/22, 4:35 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M0900002970

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 GENOA HEALTHCARE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 APR 13 PM 4:46

2022 APR 13 PM 5:23

FILED

~~C. BRUMBLEY~~

APR 14 2022
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Electronic Filing Menu

Corporate Filing Menu

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: GENOA HEALTHCARE 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: M09000002970

3. Jurisdiction of its organization: PENNSYLVANIA

4. Date authorized to do business in Florida: 07/31/2009

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

2022 APR 13 PM 5:23


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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>
Manager	DOUGLAS, JOSEPH S.	707 S GRADY WAY #700	<input checked="" type="checkbox"/> Add
		RENTON, WA 98057	<input type="checkbox"/> Remove
Secretary	BOHM, KAREN E	707 S GRADY WAY #700	<input type="checkbox"/> Add
		RENTON, WA 98057	<input checked="" type="checkbox"/> Remove
Secretary	BOHMER, KAREN E	707 S GRADY WAY #700	<input checked="" type="checkbox"/> Add
		RENTON, WA 98057	<input type="checkbox"/> Remove
Manager	SASSANG, DANIEL	704 SOUTH SOUTHERLAND AVE	<input type="checkbox"/> Add
		MONROE, NC 28112	<input checked="" type="checkbox"/> Remove
Manager	MOMAHAN, MICHAEL K	2052 GLENEAGLES DR	<input type="checkbox"/> Add
		GASTONIA, NC 28056	<input checked="" 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.


Timothy J. Langdon (Apr 7, 2022 11:41 CST)

Signature of the authorized representative

Timothy J. Langdon

Typed or printed name of signee

Filing Fee: \$25.00