

M10000002519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

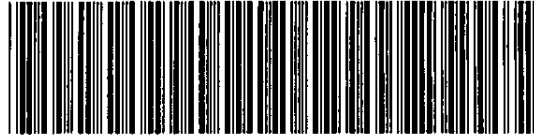
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/14/16--01021--011 **25.00

RECEIVED
DEPARTMENT OF STATE
16 JUN 13 PM 2:46

DEPARTMENT OF STATE
16 JUN 13 AM 7:49
MAIL CLASSIFICATION

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

NHC-FL133, LLC

M10000002519



Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy

Call When Ready

Walk In

Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

6/13/2016

KM

Merger

Mark

Other

UCC

CUS

After 4:30

Pick Up

Order#:

10048442

Ref#:

Amount: \$

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

NHC-FL133, LLC

M10000002519

[Empty rectangular box]

Nonprofit

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Limited Partnership

LLC

Certified Copy

Call When Ready

Walk In

Mail Out

Name _____

Availability _____

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Other

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CUS

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Order#:

10048442

Ref#:

Amount: \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NHC-FL133, 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:

Susan R. McMaster

Name of Person

Jaffe Raitt Heuer & Weiss PC

Firm/Company

27777 Franklin Road, Suite 2500

Address

Southfield, MI 48034

City/State and Zip Code

smcmaster@jaffelaw.com

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

For further information concerning this matter, please call:

Susan R. McMaster

Name of Person

at (²⁴⁸) 727-1485

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: NHC-FL133, LLC

Enter new principal office address, if applicable: 27777 Franklin Road, Suite 200
Southfield, MI 48034
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 27777 Franklin Road, Suite 200
Southfield, MI 48034
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M10000002519

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 7, 2010

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:

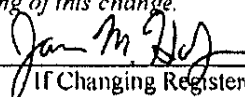
Name of New Registered Agent: National Registered Agents, Inc.

New Registered Office Address: 1200 South Pine Island Road
Enter Florida Street Address

Plantation, Florida 33324
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.

 James M. Halpin, Asst. Secretary
If Changing Registered Agent, Signature of New Registered Agent

15 JUN 13 AM 7:13
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF REVENUE

