

M100000003552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

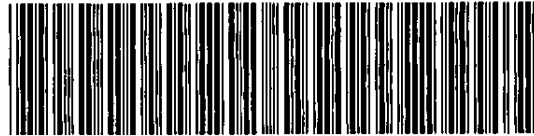
(Document Number)

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2013 JUN 28 AM 8:10

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TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JUL -1 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** KATIE WONSCH

**DATE:** 06/28/2013

**REF. #:** 7749706.8817953

**CORP. NAME:** DIABETES CARE CLUB, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> AMENDMENT   | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK# 70004268 FOR \$ 25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

FILED  
2013 JUN 28 AM 8:20  
CLERK OF STATE  
TALLAHASSEE, FL 32302

**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: Diabetes Care Club, LLC
2. Jurisdiction of its organization: Tennessee
3. Date authorized to do business in Florida: 08/11/2010

**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? 06/21/2013
5. New name of the limited liability company: A - Z Diabetes Care Club, 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:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
\_\_\_\_\_  
\_\_\_\_\_
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

Jennifer C. Peters

Secretary of: Sole Member, Simplex Healthcare, Inc.

Typed or printed name of signee.

**Filing Fee: \$25.00**

2013 JUN 28 AM 8:20

FILED

STATE OF FLORIDA  
TALLAHASSEE



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
**Division of Business Services**  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
SUITE B  
992 DAVIDSON DRIVE  
NASHVILLE, TN 37205

June 27, 2013

**Control # 422405**

**Effective Date: 06/21/2013**

**Receipt # : 1078902**

**Filing Fee: \$20.00**

### **CERTIFICATE OF NAME CHANGE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **DIABETES CARE CLUB, LLC** were filed in this office on the effective date noted above, changing the name to **A - Z Diabetes Care Club, LLC**.

Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick

2013 JUN 28 AM 8:20  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA