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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 SEP 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

SEP 22 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2016

FORTUNE LAW OFFICE, S.C.
ATTORNEY MIKE P. FORTUNE
P.O. BOX 589
FOND DU LAC, WI 54936-0589

SUBJECT: HC MED 1, LLC
Ref. Number: M10000003831

2016 SEP 19 PM 4:10
TALLAHASSEE, FLORIDA

We have received your document for HC MED 1, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00018871

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HC MED 1, 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:

Attorney Mike P. Fortune

Name of Person

Fortune Law Office, S.C.

Firm/Company

PO Box 589

Address

Fond du Lac, WI 54936-0589

City/State and Zip Code

fortunelaw@mpfortunelaw.com

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

For further information concerning this matter, please call:

Attorney Mike P. Fortune at (920) 929-6599
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: HC MED 1, 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: M10000003831

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/27/2010

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

5. New name of the limited liability company: HC Med 1 2016, L.L.C.
(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

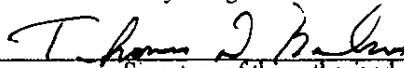
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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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

Thomas D. Baker

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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 "HC MED 1, LLC", CHANGING ITS NAME FROM "HC MED 1, LLC" TO "HC MED 1 2016, L.L.C.", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF AUGUST, A.D. 2016, AT 9:47 O'CLOCK A.M.

FILED
2016 SEP 19 PM 3:04
SECRETARY OF STATE
ATLANTA, GEORGIA




Jeffrey W. Bullock, Secretary of State

4849192 8100
SR# 20165591823

Authentication: 202936199
Date: 09-06-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:47 AM 08/30/2016
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TALLAHASSEE, FLORIDA

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: HC Med 1, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is changed to HC Med 1 2016, L.L.C.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 24th day of August, A.D. 2016.

By: 
Authorized Person(s)

Name: Thomas D. Baker
Print or Type