

M10000004238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

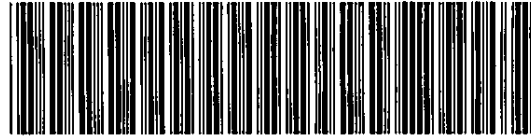
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

h

Office Use Only



000291821100

11/03/16--01023--007 \*\*25.00

FILED  
16 NOV 28 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
NOV 28 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2016

MATTHEW LEWIS  
7930 W KENTON CIR #220  
HUNTERSVILLE, NC 28078

SUBJECT: PROVIDASTAFF, LLC  
Ref. Number: M10000004238

RECEIVED  
2016 NOV 28 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PROVIDASTAFF, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 116A00023777

FILED  
16 NOV 28 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Provida Staff, 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:

Matthew Lewis  
Name of Person

EDU Healthcare, LLC  
Firm/Company

7930 W Kenton Circle #220  
Address

Huntersville, NC 28078  
City/State and Zip Code

mlewis@eduhealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Lewis at ( 704 ) 233.7181  
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

FILED  
16 NOV 28 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ProvidaStaff, LLC

Enter new principal office address, if applicable: 7930 W Kenton Circle

Suite # 220

Huntersville, NC 28078

Enter new mailing address, if applicable:

PO Box 480394

Charlotte, NC 28269

2. The Florida document number of this limited liability company is: M10000004238

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: 9/27/2010

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

5. New name of the limited liability company: EDU Healthcare, LLC  
(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  
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

FILED  
16 NOV 28 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)(c), 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

16 NOV 28 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
☐ Add  
☐ Remove

FILED

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  
**Matthew Lewis, VP**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00



# NORTH CAROLINA

## Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF AMENDMENT

OF

EDU HEALTHCARE, LLC

the original of which was filed in this office on the 19th day of April, 2016.

FILED  
16 NOV 28 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of October, 2016.

*Elaine F. Marshall*

Secretary of State



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### EDU HEALTHCARE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of August, 2007, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

FILED  
16 NOV 28 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of November, 2016.

*Elaine F. Marshall*

Secretary of State