

M1000000 4427

(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

641 -



300340253273

00/17/20 -01007--015 **25.00

2020 APR 17 7 PM 1:51

641 -

C GOLDEN

APR 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WBC Group, 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:

Robert Herbst

Name of Person

Boxout, LLC (f.k.a WBC Group, LLC)

Firm/Company

6333 Hudson Crossing Parkway

Address

Hudson, OH 44236

City/State and Zip Code

mdclensure@boxouthhealth.com

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

For further information concerning this matter, please call:

Robert Herbst at (330) 963-8650 ext. 5026

Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2020

ROBERT HERBST
6333 HUDSON CROSSING PARKWAY
HUDSON, OH 44236

SUBJECT: WBC GROUP, LLC
Ref. Number: M10000004427

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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 submit a certificate or document evidencing the name change.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 920A00005414

ED

2020-07-07 PM 1:51

2020-07-07 PM 1:51

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: WBC Group, LLC

Enter new principal office address, if applicable: N/A

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: N/A

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: MI10000004427

3. Jurisdiction of its organization: OH

4. Date authorized to do business in Florida: 10/07/2010

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

5. New name of the limited liability company: Boxout, 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A

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 603, 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

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

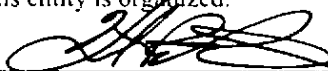
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input 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.



Signature of the authorized representative

Kurt Packer - President

Typed or printed name of signee

Filing Fee: \$25.00



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/07/2020	202003800664	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

BAKER & HOSTETLER LLP
DENNIS B. ANGERS
KEY TOWER-127 PUBLIC SQUARE, STE. 2000
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
980052

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
BOXOUT, LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 02/06/2020

Document No(s):

202003800664



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
7th day of February, A.D. 2020.

Ohio Secretary of State



Fri Feb 07 2020

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list
of all records approved on this business entity and in the custody of the Secretary of State.*



*Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 7th of February, A.D. 2020*

Ohio Secretary of State

A handwritten signature in black ink, reading "Frank LaRose".

Form 543A Prescribed by:



Toll Free: 877.787.3453
 Central Ohio: 614.466.3910
 OhioSoS.gov
 business@OhioSoS.gov
 File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:
 Regular Filing (non expedite)
 P.O. Box 1329
 Columbus, OH 43216
 Expedite Filing (Two business day processing time.
 Requires an additional \$180 fee)
 P.O. Box 1390
 Columbus, OH 43216

For screen readers, follow instructions located at this path.

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

<p>(1) Domestic Limited Liability Company</p> <p><input checked="" type="checkbox"/> Amendment (129-LAM)</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px 0;">09/16/2010</div> <p style="text-align: center;">Date of Formation (MM/DD/YYYY)</p>	<p>(2) Domestic Limited Liability Company</p> <p><input type="checkbox"/> Restatement (142-LRA)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">Date of Formation (MM/DD/YYYY)</p>
--	---

The undersigned authorized representative of:

WBC Group, LLC
 Name of Limited Liability Company

980052
 Registration Number

RECEIVED
 2020 FEB -6 PM 1:38

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Boxout, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Dennis B. Angers
Signature

By (if applicable)

Dennis B. Angers
Print Name

Signature

By (if applicable)

Print Name

Signature

By (If applicable)

Print Name