

MI10000000567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

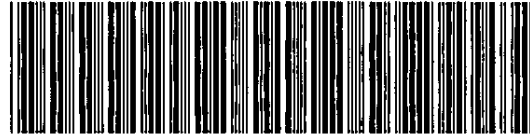
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2016

JOSEPH R DELGADO, ESQ
BAKER DONELSON
3414 PEACHTREE ROAD NE STE 1600
ATLANTA, GA 30326 US

SUBJECT: IN HOME MEDICAL SOLUTIONS, LLC
Ref. Number: M11000000567

We have received your document for IN HOME MEDICAL SOLUTIONS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 916A00000943

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **IN HOME MEDICAL SOLUTIONS, 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:

Joseph R. Delgado, Esq.

Name of Person

Baker Donelson

Firm/Company

3414 Peachtree Road NE, Suite 1600

Address

Atlanta, GA 30326

City/State and Zip Code

jdelgado@bakerdonelson.com

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

For further information concerning this matter, please call:

Joseph R. Delgado

Name of Person

at (**404**) **577-6000**

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

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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: IN HOME MEDICAL SOLUTIONS, 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: M11000000567

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/04/2011

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

5. New name of the limited liability company: IH ASSIGNOR ENTITY, 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: _____

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

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>
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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.

Joseph R. Delgado, Esq.
Signature of the authorized representative
Joseph R. Delgado, Esq.
Typed or printed name of signee

Filing Fee: \$25.00

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 "IN HOME MEDICAL SOLUTIONS, LLC", CHANGING ITS NAME FROM "IN HOME MEDICAL SOLUTIONS, LLC" TO "IH ASSIGNOR ENTITY, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JANUARY, A.D. 2016, AT 10:02 O'CLOCK A.M.

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SECRETARY OF STATE
TALLMANSVILLE, DELAWARE



4436483 8100
SR# 20160283389

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


Jeffrey W. Bullock, Secretary of State

Authentication: 201693245
Date: 01-19-16

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: IN HOME MEDICAL SOLUTIONS, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The First Article of the Certificate of Formation is hereby amended to:

First: The name of the limited liability company is IH ASSIGNOR ENTITY, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 8th day of JANUARY, A.D. 2016

By: _____

Authorized Person(s)

Name: Mark Healy

Print or Type

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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