

1100002131

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VERUS HEALTHCARE, LLC.**

***PLEASE PROVIDE THE
ORIGINAL
SUBMISSION DATE OF 6/20.
THANK YOU!!!**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

D SCOTT

JUN 25 2019

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June 21, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VERUS HEALTHCARE, LLC
122 MILL RD
SUITE A130
PHOENIXVILLE, PA 19460

SUBJECT:
REF: H19000192289

***PLEASE PROVIDE THE ORIGINAL
SUBMISSION DATE OF 6/20. THANK YOU!!!!**

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II
Amount charged: 25.00

FAX Aud. #: H19000192289
Letter Number: 919A00012606

**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: Verus Healthcare, 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: M11000002131

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/28/2011

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

5. New name of the limited liability company: Verus 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 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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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

Chris Joyce

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 "VERUS HEALTHCARE, LLC", CHANGING ITS NAME FROM "VERUS HEALTHCARE, LLC" TO "VERUS HEALTHCARE LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF JUNE, A.D. 2019, AT 5:49 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

4006875 8100
SR# 20195545446

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

Authentication: 203064702
Date: 06-20-19

H19000192737 3

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:49 PM 06/19/2019
FILED 05:40 PM 06/19/2019
SR:20195545446 - File Number 4006875

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Verus Healthcare, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Verus Healthcare LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 18th day of June, A.D. 2019.

By: 

Authorized Person(s)

Name: Chris Joyce

Print or Type