

M11000002260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

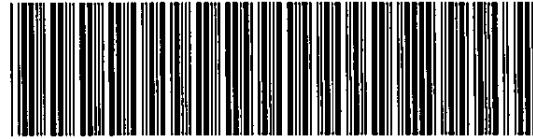
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Office Use Only



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09/19/16--01011--013 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2016 OCT 14 PM 4:42

FILED

K. SALY
OCT 14 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

PREMISE HEALTH
C/O LEGAL DEPT
5500 MARYLAND WAY, STE. 200
BRENTWOOD, TN 37027

SUBJECT: TAKE CARE EMPLOYER SOLUTIONS, LLC
Ref. Number: M11000002260

2017 OCT 14 PM 2:17
TALLAHASSEE, FLORIDA

We have received your document for TAKE CARE EMPLOYER SOLUTIONS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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: 116A00020308



October 3, 2016

Via Standard USPS

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Take Care Employer Solutions, LLC Amendment Changing Name
FL State ID: M11000002260
FEIN: 62-1625299


Dear Sir or Madam:

Enclosed please find the Application by Foreign LLC to File Amendment to Certificate of Authority form and the DE Certificate of Amendment regarding the name change of the above referenced entity. Also, enclosed is the letter from the Florida Department of State with instructions for filing.

Should you have any questions or concerns, please do not hesitate to contact me directly. I can be reached at:

Premise Health
c/o Legal Department
5500 Maryland Way, Suite 200
Brentwood, TN 37027
615-468-5548
megan.mcgonagill@premisehealth.com

Thank you for your attention to this matter,


Megan McGonagill
Legal Assistant

**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: Take Care Employer 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: M11000002260

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/03/2011

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

5. New name of the limited liability company: Premise Health Employer Solutions, 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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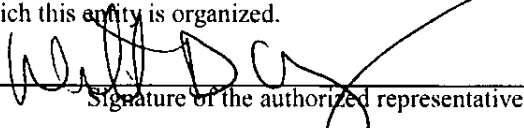
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

William D. Wright, Secretary

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

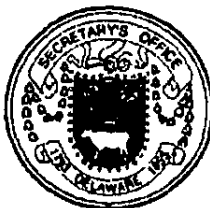
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TAKE CARE EMPLOYER SOLUTIONS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PREMISE HEALTH EMPLOYER SOLUTIONS, LLC" ON THE TWELFTH DAY OF AUGUST, A.D. 2016, AT 11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILED
2016 OCT 14 PM 4:42
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA



3741424 8320
SR# 20165665251

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203015420
Date: 09-19-16