

M 11 000004469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

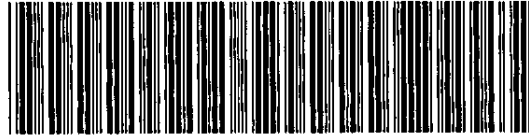
(Business Entity Name)

(Document Number)

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

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15 DEC -2 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J SHIVERS

DEC 03 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2015

KELLY TRIPP  
1 10TH ST SUITE 100  
AUGUSTA, GA 30901-0100

SUBJECT: CARESOUTH HOME HEALTH SERVICES, LLC  
Ref. Number: M11000004469

We have received your document for CARESOUTH HOME HEALTH SERVICES, 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 the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 415A00024882

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CareSouth Home Health Services, 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:

Kelly C Tripp

Name of Person

US CareNet, LLC

Firm/Company

1 10th Street, Suite 100

Address

Augusta, GA 30901-0100

City/State and Zip Code

ktripp@uscarenet.com

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

For further information concerning this matter, please call:

Kelly C Tripp

Name of Person

at ( 706 ) 854-7428

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

**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: CareSouth Home Health Services, 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: M11000004469

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 09/06/2011

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

5. New name of the limited liability company: US CareNet, 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.*

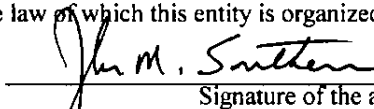
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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    |
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|                        |             |                | <input type="checkbox"/> Add    |
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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

**John M. Southern**

Typed or printed name of signee

Filing Fee: \$25.00

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF AMENDMENT NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

#### CARESOUTH HOME HEALTH SERVICES, LLC

a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 10/16/2015 changing its name to

#### US CareNet, LLC

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on 10/16/2015

FILED  
15 DEC -2 PM 12:17  
SECRETARY OF STATE  
ATLANTA, GEORGIA



*B. P. Kemp*

Brian P. Kemp  
Secretary of State