M1200000 4543

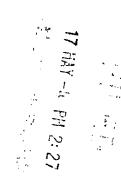
· (Re	questor's Name)	
(NC	questor s Hame)	
/6.4	dress)	
(Ad	aress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•	-	

Office Use Only



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O SIMMONS MAY 0 5 2017

COVER LETTER

TO: Registration S Division of C			•
SUBJECT: 1st A	America Infusion Name of Foreign		
Dear Sir or Madam:			
The enclosed applicat	tion, certificate and fee(s) ar	re submitted for	filing.
Please return all corre	spondence concerning this	matter to the fol	lowing:
Tom	Pa-HeV Sov Name of Person		
1st America	Infusion Service	s, LLC	
, _	Firm/Company		
212 Northsic	le Drive		
	Address		
Valdosta, GA	\ 31602	,	
	City/State and Zip Code	;	
E-mail address: (to	be used for future annual re	eport notification	1)
For further information	on concerning this matter, p	lease call:	
Saran	Ten :	at (769)	300 - 0750
Name	of Person	Area Code &	Daytime Telephone Number
Registration S Division of C Clifton Buildi	orporations ing ve Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E055 (9/15)

Enclosed is a check for the following amount:

\$\begin{align*}
\text{ \$\text{S}} \\ \text{ \$\text{S}} \\ \text{ Filing Fee } \\ \text{ Certificate of Status} \end{align*}

🔲 \$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)

SECTION.	1 (1-4 must be completed)	
1. Name of limited liability Company as it appears	s on the records of the Florida Dep	partment of
State: 1st America Infusion Service	es, LLC	
Enter new principal office address, if applicable:	NA	
(Principal office address	212 Northside Drive	- 100 F
MUST BE A STREET ADDRESS)	Valdosta, GA 31602	:
		-P
Enter new mailing address, if applicable:	NA	PH 2
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	212 Northside Drive	
	Valdosta, GA 31602	
2. The Florida document number of this limited lia	bility company is: M120000)4542
3. Jurisdiction of its organization: Georgia	10/2012	
4. Date authorized to do business in Florida: 08/	10/2012	
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: (mus	t contain "Limited Liability Comp	any, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the alter	siness in Florida and attach a mate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent and/or the new registered agent and/or registered agent and/or the new registered office agent and/or the new registered agent agent and/or the new registered agent agen	Idress here:	enter the name of the new
Name of New Registered Agent; NRAI Serv	ices, Inc.	
New Registered Office Address: 1200 South	n Pine Island Road	
DI	Enter Florida S	
<u> </u>	antation City	_, Florida 33324 Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	gistered Agent: nt and agree to act in this capacity and complete performance of my ered agent as provided for in Cha in the registered office address, I	o. I further agree to comply with duties, and I am familiar with pter 605, F.S. Or, if this hereby confirm that the limited at. Secretary, NRAI Services, Inc.

Zema	ral and replacement	of authorized represent
Title/ Capacity	<u>Name</u>	Address Type of Action
Manager	Jeff Sikes	212 Nortuside Dr. DAdd
		Valdosta, GA 31602 VRemove
FO_	David L. Cheek.	5uite 100
		Ridgeland, MS 39157 Remove
	· · · · · · · · · · · · · · · · · · ·	
		Remove
		Add
	·	Remove
		Add
		Remove
aforementione	certificate, if required: no more than 90 day and amendment(s), duly authenticated by the der the law of which this entity is organized.	e official having custody of records in the

Filing Fee: \$25.00