

M12 000005218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

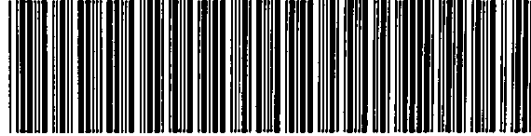
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG 23 P 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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AUG 24 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Managed Care Network 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:

Michael Krawitz

Name of Person

York Risk Services Group, Inc.

Firm/Company

One Upper Pond Road, Building F, 4th Floor

Address

Parsippany, NJ 07054

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Krawitz at (973) 404-1235
Name of Person 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: Managed Care Network Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

300 Crown Colony DR. Suite 203

Quincy, MA 02169

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

300 Crown Colony DR. Suite 203

Quincy, MA 02169

2. The Florida document number of this limited liability company is: M12000005218

3. Jurisdiction of its organization: State of Delaware

4. Date authorized to do business in Florida: 09/14/2012

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

5. New name of the limited liability company: FAST360 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
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		_____	<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.

Michael Krawitz
Signature of the authorized representative

Michael Krawitz

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2016 JUN 23 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 "MANAGED CARE NETWORK SERVICES, LLC", CHANGING ITS NAME FROM "MANAGED CARE NETWORK SERVICES, LLC" TO "FAST360 LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF AUGUST, A.D. 2016, AT 4:26 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5207229 8100
SR# 20165292042

Authentication: 202801372
Date: 08-09-16

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MANAGED CARE NETWORK SERVICES, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FAST360 LLC", ON THE NINTH DAY OF AUGUST, A.D. 2016, AT 4:26 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAST360 LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.




Jeffrey W. Bullock, Secretary of State

5207229 8321
SR# 20165326049

Authentication: 202848082
Date: 08-18-16

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