

M1300000613

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 : (800) 345-4647
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: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 16 AM 8:09

RECEIVED
2017 FEB 16 AM 10:20
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

FEB 17 2017

S. YOUNG

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHMS, 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:

Corporate Filings Team

Name of Person

Capitol Services, Inc.

Firm/Company

P.O. Box 1831

Address

Austin, TX 78767

City/State and Zip Code

sos@planetfg.com

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

For further information concerning this matter, please call:

Name of Person _____ at (800) 345-4647
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.

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**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: PHMS, LLC

Enter new principal office address, if applicable: 10025 Governor Warfield Parkway, Suite 301

(Principal office address
MUST BE A STREET ADDRESS)

Columbia, MD 21044

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

10025 Governor Warfield Parkway, Suite 301

Columbia, MD 21044

2. The Florida document number of this limited liability company is: M13000006131

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/27/2013

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

5. New name of the limited liability company: Planet Management Group, 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

City Florida 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

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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
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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.

Deanna Hogeland
 Signature of the authorized representative

Deanna Hogeland

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PHMS, LLC", FILED A
CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PLANET
MANAGEMENT GROUP, LLC" ON THE THIRD DAY OF FEBRUARY, A.D. 2017,
AT 3:58 O'CLOCK P.M.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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5389584 8320
SR# 20170647045

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "JEFFREY W. BULLOCK, SECRETARY OF STATE" is printed in small, capital letters.

Authentication: 201983107
Date: 02-03-17

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