

1113 00000 9938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

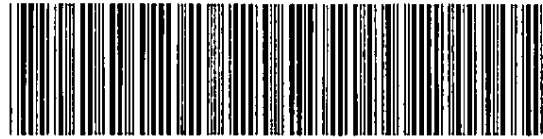
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

08/01/24

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 08/01/2024  
Acc#I20160000072

*en: c DW*

Name:	HCA-Emcare Holdings, LLC
Document #:	
Order #:	15734856

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

**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: HCA-EmCare Holdings, LLC

Enter new principal office address, if applicable: One Park Plaza

Nashville, TN 37203

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

One Park Plaza

(Mailing address

MAY BE A POST OFFICE BOX)

Nashville, TN 37203

2. The Florida document number of this limited liability company is: M13000007938

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/16/2013

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

5. New name of the limited liability company: Valesco Holdings, 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: C T Corporation System

New Registered Office Address: 1200 S PINE ISLAND RD

*Enter Florida Street Address*

Plantation

Florida 33324

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*Thereby 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:

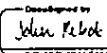
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove current managers and replace with the following:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Christopher F. Wyatt	One Park Plaza	<input checked="" type="checkbox"/> Add
		Nashville, TN 37203	<input type="checkbox"/> Remove
Manager	John M Franck, II	One Park Plaza	<input checked="" type="checkbox"/> Add
		Nashville, TN 37203	<input type="checkbox"/> Remove
Manager	Michael S. Cuffe, M.D.	One Park Plaza	<input checked="" type="checkbox"/> Add
		Nashville, TN 37203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

  
 Signature of the authorized representative  
 John Rebok  
 \_\_\_\_\_  
 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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HCA-EMCARE HOLDINGS, LLC", CHANGING ITS NAME FROM "HCA-EMCARE HOLDINGS, LLC" TO "VALESCO HOLDINGS, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF JUNE, A.D. 2024, AT 1:47 O'CLOCK P.M.

2024 JUN 3 AM 8:51  
CLERK OF STATE  
WILMINGHAM, DE



  
Jeffrey W. Bullock, Secretary of State

4971464 8100  
SR# 20243131001

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203917848  
Date: 07-12-24

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF FORMATION**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:47 PM 06/03/2024  
FILED 01:47 PM 06/03/2024  
SR 20242749180 - File Number 4971464

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is HCA-EmCare Holdings, LLC (the "Company").

2. The Certificate of Formation of the Company is hereby amended by striking out the First Article thereof and by substituting in lieu of said Article the following new First Article:

"First: The name of the limited liability company formed hereby is Valesco Holdings, LLC."

3. Except as amended hereby, the Certificate of Formation shall remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation on this 3rd day of June, 2024.

By: \_\_\_\_\_

Name: John Lavery

Title: Class B Manager

JUN 03 2024  
11:08:51  
DELAWARE STATE  
CLERK'S OFFICE