

M1400000 2771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

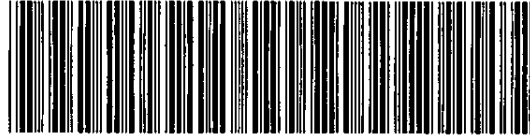
(Business Entity Name)

(Document Number)

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

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FILED  
15 AUG 28 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 01 2015  
J SHIVERS

August 21, 2015

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida - MeridianRx, LLC**

To Whom It May Concern:

Enclosed please find MeridianRx, LLC's Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida.

We appreciate your expedient review and determination.

If you have any questions, please feel free to contact Michael Stines at (313) 324-3746.

Thank you for your consideration.

Very truly yours,



Tiffany Durham  
Paralegal

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MeridianRx, 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 L. Stines  
Name of Person

MeridianRx, LLC  
Firm/Company

1001 Woodward Ave., Suite 700  
Address

Detroit, MI 48226  
City/State and Zip Code

michael.stines@mhplan.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael L. Stines at ( 313 ) 324-3746  
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

**A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application.**

The state of Michigan does not require the submission of changes in managers.

**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: MeridianRx, LLC

2. The Florida document number of this limited liability company is: M 14000002771

3. Jurisdiction of its organization: Michigan

4. Date authorized to do business in Florida: 4/21/2014

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

5. New name of the limited liability company: \_\_\_\_\_  
(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 office 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

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TALLAHASSEE, FLORIDA

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>
<u>Manager</u>	<u>David B. Cotton</u>	<u>777 Woodward Ave., Ste 600</u> <input type="checkbox"/> Add <u>Detroit, MI 48226</u> <input checked="" type="checkbox"/> Remove	
<u>Manager</u>	<u>Michael D. Cotton</u>	<u>777 Woodward Ave., Ste 600</u> <input type="checkbox"/> Add <u>Detroit, MI 48226</u> <input checked="" type="checkbox"/> Remove	
<u>Manager</u>	<u>Thomas L. Lauzon</u>	<u>777 Woodward Ave., Ste 600</u> <input type="checkbox"/> Add <u>Detroit, MI 48226</u> <input checked="" type="checkbox"/> Remove	
<u>Manager</u>	<u>Michael L. Stines</u>	<u>777 Woodward Ave., Ste 600</u> <input type="checkbox"/> Add <u>Detroit, MI 48226</u> <input checked="" type="checkbox"/> Remove	
<u>Manager</u>	<u>Raymond D. Pitera</u>	<u>777 Woodward Ave., Ste 600</u> <input type="checkbox"/> Add <u>Detroit, MI 48226</u> <input checked="" type="checkbox"/> Remove	

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STATE OF MICHIGAN  
TALMADGE STREET, LANSING

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.

hllt

Signature of the authorized representative

MICHAEL STINES

Typed or printed name of signee

Filing Fee: \$25.00