

To: 18506176383

6/7/2021

m14000003602

Page 2 of 5

2021-06-07 15:22:46 CST

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From: Rana McGraw

Division of Corporations

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2021 JUN -8 AM 10:16

FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE

2021 JUN -8 AM 8:30

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRIORITY CARE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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Corporate Filing Menu

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DocuSign Envelope ID: D6AD9893-DDE7-410C-B9C1-855E22CF621E

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: Priority Care Solutions, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14600603602

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5/23/2014

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

5. New name of the limited liability company: Apricus Specialty Networks, LLC
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

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

FILED
2021 JUN - 8 AM 8:30
CLERK OF DISTRICT COURT
STATE OF FLORIDA

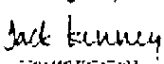
DocuSign Envelope ID: D6AD9B93-DDE7-410C-B9C1-855E22CF621E

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<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 _____ entity is organized.

DocuSigned by:

 538416375747487
 Signature of the authorized representative

John J. Kenney
 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 THAT THE SAID "PRIORITY CARE
SOLUTIONS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "APRICUS SPECIALTY NETWORKS, LLC" ON THE TWENTY-FIFTH
DAY OF MARCH, A.D. 2021, AT 5:56 O'CLOCK P.M.

FILED
2021 JUN - 8 AM 8:30
OFFICE OF STATE
CLERK
TALLAHASSEE, FLORIDA



5373868 8320
SR# 20211750928

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203191968
Date: 05-12-21