

June 25, 2015

Via Overnight Delivery

Division of Corporations, Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Senior Care Consultant Group L.L.C.
Document Number: M1400005248**

Dear Sir or Madam:

Please find enclosed for filing:

- Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida;
- Georgia certificate; and
- Check in the amount of \$25 representing the \$25 filing fee.

Kindly process this application. Should you have any questions, please do not hesitate to contact me at (850) 907-1209 or gaylonf@mysccg.com.

Very truly yours,



Gaylon E. Fruit
Manager/Member

Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 26 AM 11:57
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Care Consultant Group L.L.C.

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:

Gaylon E. Fruit

Name of Person

Senior Care Consultant Group

Firm/Company

2522 Capital Circle NE, Suite 10

Address

Tallahassee, FL 32308

City/State and Zip Code

gaylonf@mysccg.com

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

For further information concerning this matter, please call:

Gaylon E. Fruit

Name of Person

at (850) 907-1209

Area Code & Daytime Telephone Number

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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: Senior Care Consultant Group L.L.C.
2. The Florida document number of this limited liability company is: M14000005248
3. Jurisdiction of its organization: Georgia
4. Date authorized to do business in Florida: July 24, 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.")

MySCCG, 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*

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

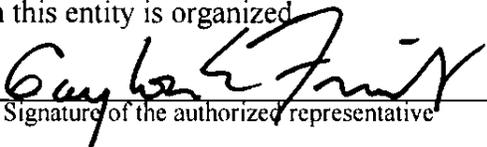
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction

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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
_____	_____	_____	<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

Gaylon E. Fruit

Typed or printed name of signee

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FALLAHASSEE, FLORIDA
15 JUN 26 AM 11:57

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF NAME CHANGE

I, **Brian P. Kemp**, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

SENIOR CARE CONSULTANT GROUP L.L.C.

Name Changed To

MySCCG, LLC

is hereby issued a CERTIFICATE OF NAME CHANGE under the laws of the State of Georgia on June 22, 2015 by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on June 24, 2015



A handwritten signature in black ink that reads "B: P. Kemp".

Brian P. Kemp
Secretary of State