

M15000002383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

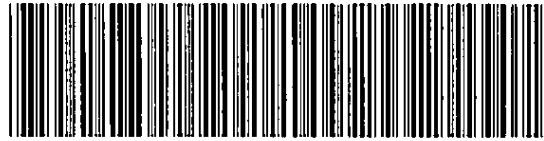
(Document Number)

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

Special Instructions to Filing Officer:

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CY: - - -

Office Use Only



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05/09/22--01001--002 \*\*25.00

FILED

2023 FEB - 8 AM 9:08

CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

RECEIVED

2022 MAY - 6 PM 3:17

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2023

CORPORATE ACCESS

*Corrected*

SUBJECT: AEROSCOUT LLC  
Ref. Number: M15000002383

We have received your document for AEROSCOUT LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 123A00002809

2023 FEB -8 AM 9:08

FILED

2023 FEB -8 AM 11:32  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 02/03/2023

☐ **CERTIFIED COPY** \_\_\_\_\_  
**XX** **PHOTOCOPY** \_\_\_\_\_  
☐ **CUS** \_\_\_\_\_  
**XX** **FILING** LLC \_\_\_\_\_

1. AEROSCOUT LLC NCTO SECURITAS HEALTHCARE LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

FILED  
2023 FEB -8 AM 9:08  
TALLAHASSEE FL  
STATE

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AEROSCOUT 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:

Ryan

\_\_\_\_\_  
Name of Person

Registered Agent Solutions, Inc.

\_\_\_\_\_  
Firm/Company

5301 Southwest Pkwy Suite 400

\_\_\_\_\_  
Address

Austin, TX 78735

\_\_\_\_\_  
City/State and Zip Code

orders@rasi.com

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

For further information concerning this matter, please call:

Ryan

\_\_\_\_\_  
Name of Person

at ( 888 ) 705-7274

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

CR2E055 (9/15)

FILED  
2023 FEB - 8 AM 9:08  
TALLAHASSEE, FL  
DIVISION OF STATE

**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: AEROSCOUT 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: M15000002383

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/31/2015

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

5. New name of the limited liability company: SECURITAS HEALTHCARE 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*

\_\_\_\_\_, **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**

**2023 FEB -8 AM 9:08**

**CLERK OF CIRCUIT COURT  
IN AND FOR  
THE COUNTY OF  
DADE, FLORIDA**

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>
_____	_____	_____	<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.

Michael J. Blum  
Signature of the authorized representative

Michael J. Blum  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2023 FEB 18 AM 9:08  
CLERK OF COURT  
JUDICIAL DISTRICT  
OF ALABAMA  
MOBILE, ALABAMA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURITAS HEALTHCARE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURITAS HEALTHCARE LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5656960 8300

SR# 20230286786

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

Authentication: 202593008

Date: 01-27-23

# 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 "AEROSCOUT LLC", CHANGING ITS NAME FROM "AEROSCOUT LLC" TO "SECURITAS HEALTHCARE LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2022, AT 9:53 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2023.



5656960 8100  
SR# 20230286786

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 202593001  
Date: 01-27-23



State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 09:53 AM 12/28/2022  
FILED 09:53 AM 12/28/2022  
SR 20224384537 - File Number 5656960

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: AeroScout LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

By striking out article 1 thereof and by substituting in lieu of said article 1 the following new article:

1: The name of the limited liability company is Securitas Healthcare LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 22nd day of December, 2022, to be effective as of January 1, 2023.

AEROScout LLC

By: Michael J. Blum  
Michael J. Blum, Authorized Person