

MI5000009136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

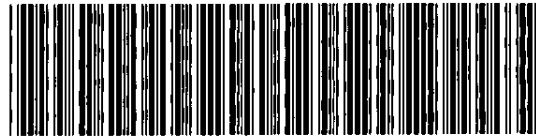
(Document Number)

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

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DEPARTMENT OF STATE  
17 APR - 6 AM 10:52

FILED

2017 APR - 6 A 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

APR 07 2017

Account#: I20000000088

Date: 04/05/2017

Name: Marisa Kugelmann

Reference #: T009198

ENTITY NAME: SUNSPIRE MANAGEMENT, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

**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: SUNSPIRE MANAGEMENT, 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: M15000009136

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/13/2015

**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 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. 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.*

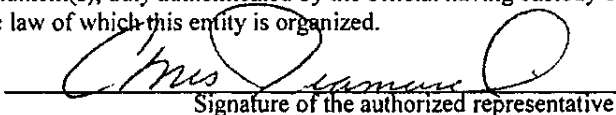
If Changing Registered Agent, Signature of New Registered Agent

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>MGR</u>	<u>Adam J. Schreiber</u>	<u>160 Chubb Ave., Ste. 206</u>	<input type="checkbox"/> Add
		<u>Lyndhurst, NJ 07071</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Alita Care, LLC</u>	<u>160 Chubb Ave., Ste. 206</u>	<input checked="" type="checkbox"/> Add
		<u>Lyndhurst, NJ 07071</u>	<input type="checkbox"/> Remove
<u>P</u>	<u>Chris Diamond</u>	<u>160 Chubb Ave., Ste. 206</u>	<input checked="" type="checkbox"/> Add
		<u>Lyndhurst, NJ 07071</u>	<input type="checkbox"/> Remove
<u>VP</u>	<u>David Lorch</u>	<u>160 Chubb Ave., Ste. 206</u>	<input checked="" type="checkbox"/> Add
		<u>Lyndhurst, NJ 07071</u>	<input type="checkbox"/> Remove
<u>CFO/VP</u>	<u>Kyle Wescoat</u>	<u>160 Chubb Ave., Ste. 206</u>	<input checked="" type="checkbox"/> Add
		<u>Lyndhurst, NJ 07071</u>	<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

Chris Diamond

Typed or printed name of signee

Filing Fee: \$25.00

2011/03/06 A 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED