

1/3/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000001735 3)))



H170000017353ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HERITAGE REHAB & FITNESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2017 JAN -4 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN -4 PM 12:17

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

JAN 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HeritageRehab&Fitness,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:

SharonMoy

Name of Person

PaulHastingsLLP

Firm/Company

71S.WackerDrive,45thFloor

Address

Chicago,IL.60606

City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon Moy

Name of Person

at (312) 499-6086

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

CR2F055 (9/15)

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: HeritageRehab&Fitness,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: M16000000601

3. Jurisdiction of its organization: SouthCarolina

4. Date authorized to do business in Florida: 01/22/2016

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

5. New name of the limited liability company: HealthPROHeritageRehab&Fitness,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

City Florida 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:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/Capacity	Name	Address	Type of Action
MBR	Al Ends	536 Old Howell Road	<input type="checkbox"/> Add
		Greenville, SC 29615	<input checked="" type="checkbox"/> Remove
MBR	Don Tesner	536 Old Howell Road	<input type="checkbox"/> Add
		Greenville, SC 29615	<input checked="" type="checkbox"/> Remove
MBR	HealthPRO Heritage, LLC	536 Old Howell Road	<input checked="" type="checkbox"/> Add
		Greenville, SC 29615	<input type="checkbox"/> Remove
S	Albert F. Eads, III	536 Old Howell Road	<input checked="" type="checkbox"/> Add
		Greenville, SC 29615	<input type="checkbox"/> Remove
T	Donald R. Tesner	536 Old Howell Road	<input checked="" type="checkbox"/> Add
		Greenville, SC 29615	<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.

Paul T. Shaw
Signature of the authorized representative

Paul T. Shaw

Typed or printed name of signer

Filing Fee: \$25.00

4

2017 JAN -14 P 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Print Form

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

AMENDED ARTICLES OF ORGANIZATION

Limited Liability Company - Domestic
Filing Fee - \$110.00

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

DEC 28 2016

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to S.C. Code of Laws §33-44-204(a), the undersigned limited liability company adopts the following Amended Articles of Organization:

1. The name of the limited liability company is Heritage Rehab & Fitness, LLC
2. The date the articles of organization were filed is August 16, 2000
3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

The name of the limited liability is HealthPRO Heritage Rehab & Fitness, LLC

Paul Shaw
Signature (Please see the Filing Checklist below)

Paul T. Shaw, President of HealthPRO Heritage, LLC,
its Member

Print or Type Name

Capacity/Position of Person Signing (You must check one box.)

- ☐ Manager ☒ Member ☐ Organizer
☐ Fiduciary ☐ Attorney-in-Fact

Date December 23, 2016

Filing Checklist

- Amended Articles of Organization (filed in duplicate)
- \$110.00 made payable to the Secretary of State's Office
- Self-Addressed, Stamped Return Envelope
- Make sure the proper individual has signed the form (Please see S.C. Code of Laws §33-44-204(a))

Limited Liability Company forms filed with the Secretary of State must be signed in the name of the company by a:

- (1) manager of a manager-managed company
- (2) member of a member-managed company
- (3) person organizing the company, if the company has not been formed or
- (4) fiduciary, if the company is in the hands of a receiver, trustee or other court-appointed fiduciary

- Return all documents to:
South Carolina Secretary of State
Attn: Corporate Filings
1205 Pendleton Street Suite 525
Columbia, SC 29201

161229-0311 FILED: 12/28/2016
HEALTHPRO HERITAGE REHAB & FITNESS, LLC
Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State