

M16000001344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

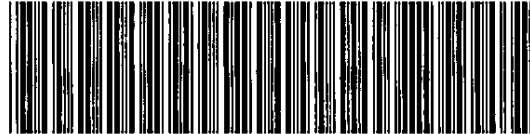
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIONS HEALTH PROPERTIES, 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:

DANIELLE LITTWIN

Name of Person

DUGGAN BERTSCH, LLC

Firm/Company

303 W. MADISON ST., STE. 1000

Address

CHICAGO, IL 60606-3321

City/State and Zip Code

DLITTWIN@DUGGANBERTSCH.COM

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

For further information concerning this matter, please call:

DANIELLE LITTWIN at (312) 263-8600
Name of Person 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

DUGGAN **db** BERTSCH
ATTORNEYS AND COUNSELORS AT LAW

August 2, 2016

Privileged & Confidential
Via First Class Mail

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

**Re: Amendment to Certificate of Authority to Transact Business in Florida for
Innovations Health Properties, LLC**

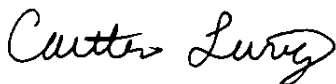
To Whom It May Concern,

Enclosed for filing please find the amendment to certificate of authority to transact business in Florida for **Innovations Health Properties, LLC**, in duplicate, along with check #7969.

If you have any questions regarding this matter, feel free to contact me at (312) 263-8600.

Best regards,

DUGGAN BERTSCH, LLC



Caitlin J. Lurigio

CJL/slf
Encl.

**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: INNOVATIONS HEALTH PROPERTIES, LLC

Enter new principal office address, if applicable: 125 SW 3RD PLACE

(Principal office address

MUST BE A STREET ADDRESS)

SUITE 205

CAPE CORAL, FL 33991 ✓

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

125 SW 3RD PLACE

SUITE 205

CAPE CORAL, FL 33991 ✓

2. The Florida document number of this limited liability company is: M16000001344

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 02/16/2016

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. 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.

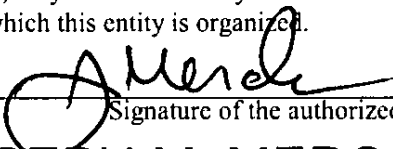
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOSEPH M. MERCOLA</u>	<u>303 W. MADISON ST., STE. 1000</u>	<input type="checkbox"/> Add
		<u>CHICAGO, IL 60606</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>NATURAL HEALTH SERVICES, LLC</u>	<u>1242 SW PINE ISLAND RD., STE. 42-504</u>	<input checked="" type="checkbox"/> Add
		<u>CAPE CORAL, FL 33991</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

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
JOSEPH M. MERCOLA

Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED
JUL 9 9 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA