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.

(((H16000220876 3)))



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

To:

To:

Page 3 of 7

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842 : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

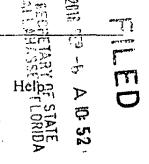
Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEKPARTNERS BUSINESS SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu



S Warren

SEP 07 2016

COVER LETTER

TO:		on Section of Corporations	٠			
SUBJE	CT: Teki	Partners Business Solutions, LLC				
		Name of Foreign Limited Liability Company				
Dear Si	r or Mada	m:				
The end	closed app	lication, certificate and fee(s) are	submitted for	r filing.		
Please 1	return all c	correspondence concerning this r	natter to the fo	ollowing:		
Jan R. E	zell, Corpo	rate Paralegal				
		Name of Person				
Alston &	& Bird LLP					
		Firm/Company				
1201 W	est Peachtr	ee Street				
		Address				
Atlanta,	GA 30309	-3424				
		City/State and Zip Code				
gstraus(@tekpartne	rs.com		•		
E-ma	ail address	i: (to be used for future annual re	port notificati	on)		
For fur	ther infors	nation concerning this matter, pl	ease call:			
Jan R. E	Ezell	·	404 nt ()	881-7442		
	N	Name of Person		& Daytime	Telephone Number	
	Registrat Division Clifton B 2661 Exe	T/COURIER ADDRESS: ion Section of Corporations strilding ecutive Center Circle see, Florida 32301	·	Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, Florida 32314	
	Filing Fe	eck for the following amount: e \$30 Filing Fee & Certificate of Status	\$55 Filin Certified		\$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)

Name of limited liability Company as it appea State: TekPartners Business Solutions, LLC	irs on the records of the Florida Department of
Enter new principal office address, if applicable:	- 15-17 (15-17) (15-17
enter new principal office address, it applicable.	The state of the s
(Principal office address	<u> </u>
MUST BE A STREET ADDRESS	
	PAR -
Enter new mailing address, if applicable:	
(Mailing address	
MAY BE A POST OFFICE BOX	
2. The Florida document number of this limited li	iability company is:
Delaware	
3. Jurisdiction of its organization: Delaware	16/2016
4. Date authorized to do business in Florida:	16/2016
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company:	MedPartners Locum Tenens, LLC
(mu	ust contain "Limited Liability Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate nameC." or "LLC.")
6. If amending the registered agent and/or registered agent and/or the new registered office	ered officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
<u></u>	, Florida
	City Zip Code
the provisions of all statutes relative to the proper and occept the obligations of my position as regi	gent and agree to act in this capacity. I further agree to comply with er and complete performance of my duties, and I am famillar with istered agent as provided for in Chapter 605, F.S. Or, if this ge in the registered office address, I hereby confirm that the limited
If	Changing Registered Agent, Signature of New Registered Agent

. If the amendment changes person, title or capacity in accordance with 605.0902 (1 Xe), indicate that change:						
lc/ Capacity	Name	Address	Type of Actic			
	-		∏Add			
			Remo			
			Add			
			Remo			
			∏Add			
			Remo			
············			Add			
			Remo			
			Add			
			Remo			
aforementioned an	ficate, if required: no more than 90 day mendment(s), duly authenticated by the the law of which this entity is organize Signature of the Vito Scutero, Manager	official having custody of record	ORETARY C			
	. no some of white	name of signee	A 10: 52 OF STATE OF LORIDA			



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TEKPARTNERS BUSINESS SOLUTIONS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MEDPARTNERS LOCUM TENENS, LLC" ON THE THIRTIETH DAY OF AUGUST, A.D. 2016, AT 3:15 O'CLOCK P.M.

Authentication: 202922360

Date: 09-01-16