

MI600000 4894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

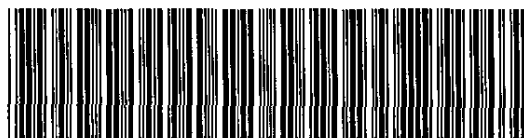
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
OFFICE OF THE CLERK
17 MAR 16 PM 1:57

MAR 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERILIFE & HEALTH SERVICES OF ARIZONA, 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:

TERRY DUNCAN

Name of Person

AMERILIFE GROUP, LLC

Firm/Company

2650 MCCORMICK DR #200S

Address

CLEARWATER, FL 33759

City/State and Zip Code

TDUNCAN@AMERILIFE.COM

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

For further information concerning this matter, please call:

TERRY DUNCAN at (727) 216-0859
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

**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: AMERILIFE & HEALTH SERVICES OF ARIZONA, 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: M16000004894

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 06/17/2016

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

5. New name of the limited liability company: AMERILIFE OF ARIZONA, 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

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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>
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_____	_____	_____	<input type="checkbox"/> Add
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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

GIDEON MOORE-SECRETARY AL AMERILIFE, LLC ITS MGR

Typed or printed name of signee

Filing Fee: \$25.00

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STATE OF CONNECTICUT
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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 "AMERILIFE & HEALTH
SERVICES OF ARIZONA, LLC", CHANGING ITS NAME FROM "AMERILIFE &
HEALTH SERVICES OF ARIZONA, LLC" TO "AMERILIFE OF ARIZONA,
LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF MARCH, A.D.
2017, AT 1:18 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5965093 8100
SR# 20171610669

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202149818
Date: 03-06-17

Mar. 6. 2017 1:22PM

No. 0332 P. 4

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:18 PM 03/06/2017
FILED 01:18 PM 03/06/2017
SR 20171610669 - File Number 5965093

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: AmeriLife & Health Services of Arizona, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The existing Paragraph 1 is hereby deleted, and the following is hereby inserted in lieu thereof:

"1. The name of the limited liability company is AmeriLife of Arizona, LLC."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 6th day of March, A.D. 2017.

By: 
Authorized Person(s)

Name: R. NATHAN HIGHTOWER
Print or Type