

MI6000006660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

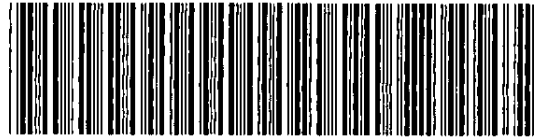
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JUN 14 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

JUN 15 2017

SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 6805731 7718776
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : June 13, 2017
ORDER TIME : 3:39 PM
ORDER NO. : 680573-010
CUSTOMER NO: 7718776

FOREIGN FILINGS

NAME: ECLIPSE HEALTHCARE, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthpro Heritage at Home, 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:

Ann McNamara

Name of Person

Healthpro Heritage at Home, LLC

Firm/Company

307 International Circle, Suite 100

Address

Hunt Valley, MD 21030

City/State and Zip Code

amcnamara@healthprorehab.com

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

For further information concerning this matter, please call:

Ann McNamara at (410) 928-4848
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: Eclipse Healthcare, 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: M16000006660

3. Jurisdiction of its organization: Oklahoma

4. Date authorized to do business in Florida: 08/18/2016

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

5. New name of the limited liability company: Healthpro Heritage At Home, 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

X

Signature of the authorized representative

John Heller

Typed or printed name of signee

Filing Fee: \$25.00

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED, Secretary of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that an Amended Certificate of Incorporation was filed in this office on , by which amended the corporate name to:

HEALTHPRO HERITAGE AT HOME, LLC



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 13th, day of June, 2017.

A handwritten signature in cursive script, reading "Dan Lopez".

Secretary Of State