M16000008356

(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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FILED
2020 FEB 18 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

FEB 19 2020

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 183334 7175508

AUTHORIZATION :

COST LIMIT : $ 05.00

ORDER DATE : February 17, 2020

ORDER TIME : 9:26 AM

ORDER NO. : 183334-025

CUSTOMER NO: 7175508

Foreign Filing

Alternate NAME: COMPLIA HEALTH, LLC

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

_____ Certified Copy
XX Plain Stamped Copy
_____ Certificate of Status

CONTACT PERSON: Kadesha Roberson - Ext. 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROCURA, 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

_____
Name of Person

_____
Firm/Company

_____
Address

_____
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____ - _____ _____
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

CR2E055 (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: PROCURA, 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: M16000008356

3. Jurisdiction of its organization: MICHIGAN

4. Date authorized to do business in Florida: OCTOBER 19, 2016

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

5. New name of the limited liability company: COMPLIA HEALTH, 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 805 0902 (1)(2), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MGR	MARTIN AMBROSE	1807 WALDEN OFFICE SQUARE SCHAUMBURG IL 60173	☒ Add
			☐ Remove
MGR	CHRISTOPHER JUNKER		☐ Add
		1807 WALDEN OFFICE SQUARE SCHAUMBURG IL 60173	☒ Remove
MGR	KIRK ISAACSON	1807 WALDEN OFFICE SQUARE SCHAUMBURG IL 60173	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

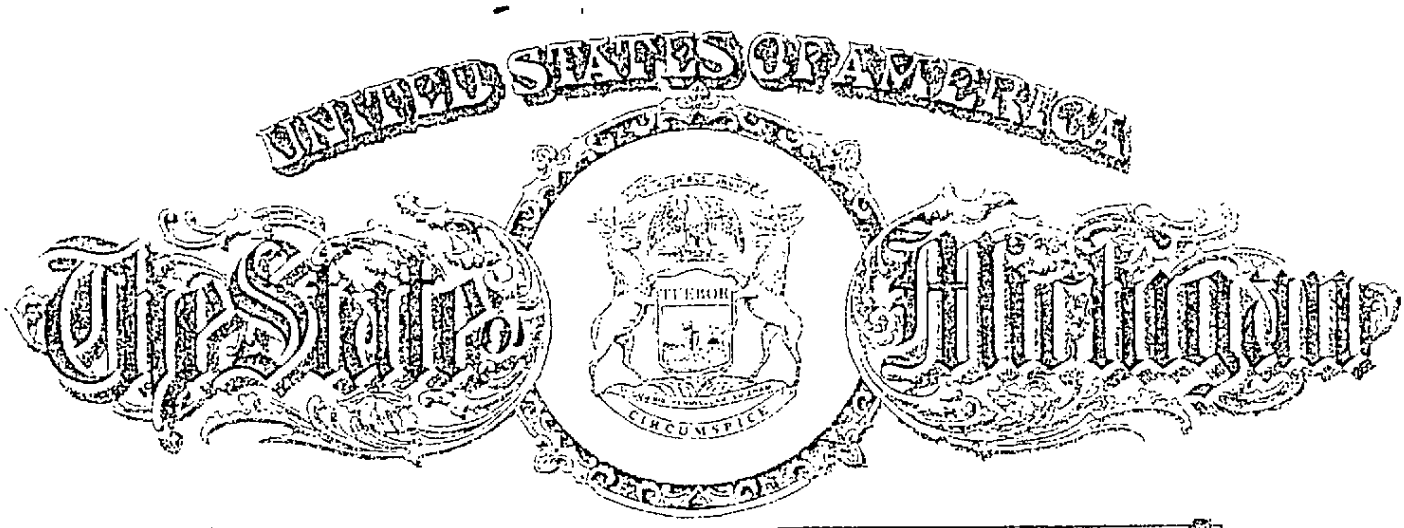
9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the officials having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Kirk Isaacson, Manager

Typed or printed name of signee

Filing Fee: $25.00



This is to Certify That

COMPLIA HEALTH, LLC

was validly organized on May 8, 2002 as a DOMESTIC LIMITED LIABILITY COMPANY. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

I FURTHER CERTIFY that a Certificate of Amendment to the Articles of Organization was filed on February 21, 2020, amending Article I, changing the limited liability company name from PROCURA, LLC to COMPLIA HEALTH, LLC

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 25th day of February, 2020.

Linda Clegg

Linda Clegg, Interim Director
Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission