

MI7000003551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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D. SCOTT

MAY 11 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 634388 4304524

AUTHORIZATION :

COST LIMIT : \$ 25,000

ORDER DATE : May 9, 2017

ORDER TIME : 10:41 AM

ORDER NO. : 634388-005

CUSTOMER NO: 4304524

FOREIGN FILINGS

NAME: VALUCENTRIC FLORIDA, 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: \_\_\_\_\_

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17 MAY 10 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Valucentric Florida, 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:

Rebecca C. Ceto

Name of Person

Dentons US LLP

Firm/Company

233 S. Wacker Drive, Suite 5900

Address

Chicago, IL 60606

City/State and Zip Code

rebecca.ceto@dentons.com

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

For further information concerning this matter, please call:

Rebecca C. Ceto

Name of Person

at ( 312 ) 876-8000

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

FILED  
17 MAY 10 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Valucentric Florida, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

1003 Mount Hermon Road, Suite 101  
Salisbury, MD 21804

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: M17000003551

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/26/2017

**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/MBR</u>         | <u>Leland Trice</u>   | <u>1003 Mount Hermon Road, Suite 101<br/>Salisbury, MD 21804</u> | <input checked="" type="checkbox"/> Add    |
|                        |                       |  | <input type="checkbox"/> Remove            |
| <u>MGR/MBR</u>         | <u>Jason Goldberg</u> | <u>1003 Mount Hermon Road, Suite 101<br/>Salisbury, MD 21804</u> | <input checked="" type="checkbox"/> Add    |
|                        |                       |  | <input type="checkbox"/> Remove            |
| <u>MGR/MBR</u>         | <u>Tom Schurer</u>    | <u>1003 Mount Hermon Road, Suite 101<br/>Salisbury, MD 21804</u> | <input checked="" type="checkbox"/> Add    |
|                        |                       |  | <input type="checkbox"/> Remove            |
| <u>MGR/MBR</u>         | <u>John Barcelo</u>   | <u>1003 Mount Hermon Road, Suite 101<br/>Salisbury, MD 21804</u> | <input checked="" type="checkbox"/> Add    |
|                        |                       |  | <input type="checkbox"/> Remove            |
|                        |                       | <u>See Attachment</u>  | <input checked="" type="checkbox"/> Remove |

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.

John Barcelo  
Signature of the authorized representative

John Barcelo

Typed or printed name of signee

Filing Fee: \$25.00

**VALUCENTRIC FLORIDA, LLC**

**ATTACHMENT APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO  
CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

| <u>Title/Capacity</u> | <u>Name</u>    | <u>Address</u>   | <u>Type of Action</u> |
|-----------------------|----------------|--|-----------------------|
| Manager               | Leland Trice   | 1003 Mount Hermon Road, Suite 101<br>Salisbury, MD 21804 | Remove                |
| Manager               | Jason Goldberg | 1003 Mount Hermon Road, Suite 101<br>Salisbury, MD 21804 | Remove                |
| Manager               | Tom Schurer    | 1003 Mount Hermon Road, Suite 101<br>Salisbury, MD 21804 | Remove                |

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