# M17000009458

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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VISITA OF CORPORATIONS
NALL AHASSEF FLORIDA

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G. PRATHEI



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/29/2019	
Name:	Merritt Walker	<del></del>
Reference #	1073976	_
	HRC	-SVL, LLC
	es of Incorporation/Authorization	
✓ Amen	ndment	
☐ Chan	ge of Agent	
☐ Reins	statement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount:\$ <u>25</u>	
Signature:	ww)	

### **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT:	<del>. ,</del>	C-SVL, LLC	
	Name of Foreign	Limited Liability Company	y'
Dear Sir or Madam:			
The enclosed application	ation, certificate and fee(s) are	e submitted for tiling.	
Please return all cor	respondence concerning this i	natter to the following:	
	Jerry Abrams		
	Name of Person		
	Oasis AHR HRC, LLC		
•	Firm/Company		
2054	Vista Parkway, Suite 300		
· <u> </u>	Address		
We	st Palm Beach, FL 33411		
	City/State and Zip Code		
Compl	iance@oasisadvantage.con	1	
E-mail address: (t	o be used for future annual re	eport notification)	
For further informat	ion concerning this matter, pl	ease call:	
Jer	ry Abrams	1 ( 561 ) 2	277-6500
Nan	ne of Person	Area Code & Daytime	Telephone Number
Registration Division of Clifton Buil 2661 Execu	Corporations	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314
Enclosed is a check \$25 Filing Fee	for the following amount: \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

TO:

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

SECTION	I (1-4 must be comple	eted)	<u>.</u>	PR
1. Name of limited liability Company as it appears	s on the records of the F	lorida Department of	(Table	PR 29
State:	HRC-SVL, LLC			<del>}</del>
Enter new principal office address, if applicable:			in.	<del></del>
( <u>Principal office address</u> MUST BE A STREET ADDRESS)			1 .	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<del></del>
2. The Florida document number of this limited lia	bility company is:	M1700000965	i8	
Jurisdiction of its organization:	Colo	rado		
Date authorized to do business in Florida:	4	1/13/2017		_
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company: (mus	Oasis t contain "Limited Liab	AHR HRC, LLC ility Company, " "L.L.C	C.," or "LLC	<u></u> )
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C.	for the purpose of tran naging members adopti C." or "LLC.")	sacting business in Flor ng the alternate name. T	rida and attac The alternate	zh a nam
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on ou ddress here;	er records, enter the nam	<u>ie of the new</u>	<u> </u>
Name of New Registered Agent;				_
New Registered Office Address:	Ente	er Floridu Street Addres		<del>_</del>
		Florida		
<del></del>	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.

8. If the amendmer	nt changes person, title or capacity in	n accordance with 605.0902 (1)(e), indica	ate that change:
Fitle/ Capacity	Name	Address	Type of Action
Pres/CEO	Mark Periberg	2054 Vista Parkway, Suite 300, West Palm Be	ach. FL 33411 Add
			<b>⊠</b> Remov
VP _	John Gibson	911 Panorama Trail South, Rocheste	r, NY 14625 Add
			Remov
Sec	Stephanie Schaeffer	911 Panorama Trail South, Rocheste	r, NY 14625 Add
			Remove
CFO/DIR	Efrain Rivera	911 Panorama Trall South, Rochester	NY 14625 Add
			Remove
Treas	Efrain Rivera	911 Panorama Trail South, Rochester,	NY 14625 Add
aforementioned	rtificate, if required: no more than amendment(s), duly authenticated or the law of which this entity is or	by the official having custody of record	Remove
	Signature	of the authorized representative	
		ark Perlberg	_

Filing Fee: \$25.00

Title/ Capacity			
	<u>Name</u>	<u>Address</u>	Type of Ac
Manager	Efrain Rivera	911 Panorama Trail South, Rocheste	er, NY 14625 Add
			Ren
			Add
			Rer
			Add
			Rem
	· · · · · · · · · · · · · · · · · · ·	<del> </del>	∏Add
			Rem
			Add
aforementioned an	the law of which this entity is Signature	ed by the official having Eustody of record	ds in the

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE OF DOCUMENT FILED

I. Jena Griswold , as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Amendment

with Document # 20191343968 of Oasis AHR HRC, LLC

Colorado Limited Liability Company

(Entity ID # 20001218033 )

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/24/2019 that have been posted, and by documents delivered to this office electronically through 04/26/2019@ 09:52:35.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/26/2019 @ 09:52:35 in accordance with applicable law. This certificate is assigned Confirmation Number 11538711



Secretary of State of the State of Colorado



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 04/23/2019 01:42 PM

ID Number: 20001218033

Document number: 20191343968

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

	filed pursuant to §7-90-301, et se	Articles of Amendmen eg. and \$7-80-209 of the C		Statutes (C.R.S.)	
۱.	For the entity, its ID number and entit	•		, ,	
	ID number	20001218033 (Colorado Secretary of State ID	number)		
	Entity name	HRC-SVL, LLC			<del></del>
2.	The new entity name (if applicable) is	Oasis AHR HRC, LL	С		
3.	(If the following statement applies, adopt the state				
4.	(Caution: <u>Leave blank</u> if the document does not lead to the consequences. Read instructions before entering		ing a delayed effective i	date has significant lego	ıl
	(If the following statement applies, adopt the stat	ement by entering a date and, if a	pplicable, time using th	e required format )	
	The delayed effective date and, if app	licable, time of this docur	nent is/are	del yycy hour;minute am p.	·
Carack ind per the sta cor	using this document to be delivered to the chowledgment of each individual causing lividual's act and deed, or that such indivirson on whose behalf such individual is correquirements of part 3 of article 90 of tit tutes, and that such individual in good fair policy with the requirements of that Part, is perjury notice applies to each individual in the requirements of the part, is perjury notice applies to each individual in the requirements of the part, is perjury notice applies to each individual is identified.	such delivery, under penal dual in good faith believes ausing such document to be the 7, C.R.S. and, if applical ith believes the facts stated the constituent documents at who causes this document	ties of perjury, that such document is the delivered for filing the constituent in such document, and the organic state to be delivered to	t such document is the act and deed of ng, taken in conforn documents and the are true and such d tatutes.	the nity with corganic ocument
5.	The true name and mailing address of the individual causing the document to be delivered for filing are	Perlberg	Mark		
		(Lust)	(First)	(Middle)	(Suffix)
		2054 Vista Parkway  Suite 300	and number or Post Office	Box information)	
		West Palm Beach	FL	33411	<del></del>
		(City)	United S	(Pasial Zip Co	de)
		(Province - if applicable)	(Country - if		

(If the following statement applies, adopt the statement by marking the box and include an attachment.)
This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.
Disclaimer:
This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).