M17000010498

(Requestor's Name)		
. (Ad	dress)	
(Ad	dress)	
(Cıt	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100314720371

05/19/18--01811--027 **\$5.80



J. HARRIE

COVER LETTER

_	sion of Cor				
SUBJECT:	Regal He	althcare Management L	LC, a Delaware	limited Liab	ility company
		Name of Forei	gn Limited Liab	ility Comp	any
Dear Sir or M	Madam:				
The enclosed	d applicatio	n, certificate and fee(s) are submitted f	or filing.	
Please return	all corresp	ondence concerning th	nis matter to the	following:	
Alan S	s. Wal	ters			
		Name of Person		-	
Galbut,	Walte	ers & Associa	tes, LLP		
		Firm/Company		_	
4770 E	Biscay	ne Blvd., St	e 1400		
		Address		-	
Miami,	Flori	da 33137			
,	<u> </u>	City/State and Zip Coo	le	_	
awalte	rs@a	albutwalters	s.com		
		e used for future annua		tion)	
		concerning this matter	•	245-	-2317
		f Person	ac (<i>-</i> /	e Telephone Number
				·	·
		RIER ADDRESS:			NG ADDRESS:
~	stration Session of Cor			_	ation Section n of Corporations
	on Building	-		P.O. Bo	•
2661	Executive	Center Circle		Tallaha	ssee, Florida 32314
Talla	ihassee, Flo	orida 32301			
		r the following amour		na 17 so 0.	CAO Ellina Can
S25 Filing	gree	\$30 Filing Fee & Certificate of Status	\$55 Filii Certifie	_	\$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)

Name of limited liability Company as it appears on the records of the Florida Department of State: Safire Place LLC		
Enter new principal office address, if applicable:		_ <u>_</u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
2. The Florida document number of this limited liability company is: M17000010498	2 m	26년 교육
3. Jurisdiction of its organization: Delaware		C.D
4. Date authorized to do business in Florida: December 12, 2017		500
5. New name of the limited liability company: Regal Healthcare Management L (must contain "Limited Liability Company," "L.L.C. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid copy of the written consent of the managers or managing members adopting the alternate name. The	." or "LL la and atta	ich a
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 registered agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address: Enter Florida Street Address		
, Florida		
, Florida, Zity	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 agr the provisions of all statutes relative to the proper and complete performance of my duties, and I a and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. document is being filed to merely reflect a change in the registered office address, I hereby confirm liability company has been notified in writing of this change.	m familia Or, if this	r with

ii the amendment en	anges person, title or capacity in accordance	ance with 605.0902 (1)(e), indi	cate that change:
le/ Capacity	<u>Name</u>	Address	Type of Action
	_		Remove
			Add
	_		Remove
			Add
	_		Remove
			Add
	_		Remove
····			Add
aforementioned ame	ate, if required: no more than 90 days adment(s), duly authenticated by the or law of which this entity is organized.	fficial having custody of record	ds in the 200

Filing Fee: \$25.00





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 "SAFIRE MANOR LLC",
CHANGING ITS NAME FROM "SAFIRE MANOR LLC" TO "REGAL HEALTHCARE
MANAGEMENT LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF
JUNE, A.D. 2018, AT 9:30 O'CLOCK A.M.



6645544 8100 SR# 20185071156 Authentication: 202860605

Date: 06-11-18

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1.	Name of Limited Liability Cor	mpany:	Daille Manol DDC
2.	The Certificate of Formation of	f the limited	I liability company is hereby amended
	as follows:		
[l. The name of the l	imited l	iability company is
	Regal Healthcare Mana	gement L	LC.
			1
1	N WITNESS WHEREOF +	e undersiane	ed have executed this Certificate on
		June	
	day or		, A.D. <u></u> .
State of Delegacin		By:	(De Metation
State of Delaware Secretary of State		Бу	Number of December 1
Division of Corporati Delivered 09:30 AM 06/11			Authorized Panams)
FILED 09:30 AM 06:11/	2018	.	Alan S. Walters
SR 20185071156 - Flle Numbe	r 6645544	Name:	· · · · · · · · · · · · · · · · · · ·
			Print or Type