

MI8000001807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

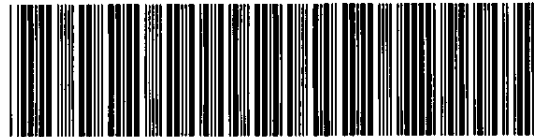
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
18 MAR -2 AM 7:28
TALLAHASSEE, FLORIDA

RECEIVED
2018 MAR -2 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
MAR 05 2018

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 3/2/18

NAME: EHP JACKSONVILLE HIEX, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "Abbie/PAUL HODGE", written over the printed name.

**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: EHP JACKSONVILLE HIEX, 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: M18000001807

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 21, 2018

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

5. New name of the limited liability company: EHP JACKSONVILLE HIX, 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 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input 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.

Signature of the authorized representative

Kenneth Picache

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

*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 "EHP JACKSONVILLE HIEX,
LLC", CHANGING ITS NAME FROM "EHP JACKSONVILLE HIEX, LLC" TO
"EHP JACKSONVILLE HIX, LLC", FILED IN THIS OFFICE ON THE
TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2018, AT 4:55 O'CLOCK P.M.*



6756848 8100
SR# 20181466969

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202238621
Date: 03-01-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:55 PM 02/27/2018
FILED 04:55 PM 02/27/2018
SR 20181466969 - File Number 6756848

CERTIFICATE OF AMENDMENT

OF

EHP JACKSONVILLE HIEX, LLC

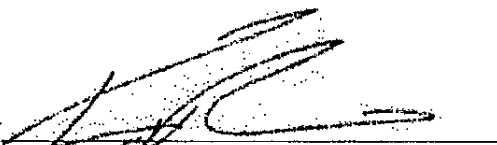
1. The name of the limited liability company (the "LLC") is
EHP JACKSONVILLE HIEX, LLC.

2. The Certificate of Formation of the limited liability company is hereby
amended as follows:

The name of the limited liability company is
EHP JACKSONVILLE HIX, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of
Amendment this 27TH day of February, 2018.

By



Kenneth Picache
Authorized Person