

M18000000 2494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

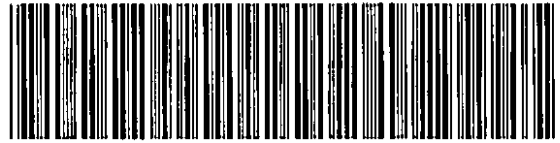
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

using form

Office Use Only



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FILED
18 JUN 18 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hi Ms. Octavia,

Thank you for your assistance. As discussed on the phone, here is the correct Foreign LLC form to add **Steven H. Wheeler, Chief Executive Officer** of Centurion Detention Health Services, LLC, as an authorized person to reflect on our online entity details. Our Document number for the Sunbiz website is: **M18000002494**

Thank you,

Julia Seder

703-245-9030

jseder@mhm-services.com

my apologies, here is
correct form!
please disregard first fax.

RECEIVED

2018 JUN 18 AM 11:09

UNITED STATES
DIVISION OF CON-
TINENTAL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Centurion Detention Health Services, 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:

Julia Seder

Name of Person

Centurion Detention Health Services, LLC

Firm/Company

1593 Spring Hill Road, Suite 600

Address

Vienna, VA 22182

City/State and Zip Code

jseder@mhm-services.com

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

For further information concerning this matter, please call:

Julia Seder

Name of Person

at (703) 245-9030

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)

Previously mailed 2

**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: Centurion Detention Heath Services, 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: M18000002494

3. Jurisdiction of its organization: formed in Delaware

4. Date authorized to do business in Florida: 3/13/2018

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

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TALLAHASSEE, FLORIDA

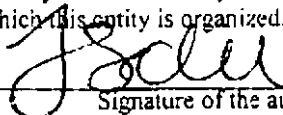
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
Mr.	Steven H. Wheeler, Chief Executive Officer	1593 Spring Hill, Suite 600	<input checked="" type="checkbox"/> Add
		Vienna, VA 22182	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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

Julia Seder, Centurion, LLC

Typed or printed name of signee

Filing Fee: \$25.00