

M1800000 30410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

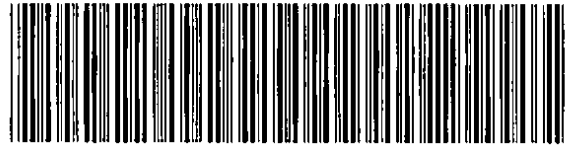
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

JUL 13 2022

Office Use Only



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FILED

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUL 12 PM 7:23

RECEIVED

2022 JUL 12 PM 12:24

TALLAHASSEE, FL

25

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 7/12 DANNY

	CERTIFIED COPY	_____
XX	PHOTOCOPY	_____
	CUS	_____
XX	FILING	FOREIGN AMEND

1. **ARETE NURSE PROFESSIONALS, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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

FILED

JUL 12 PM 7:21

SECTION I (1-4 must be completed)

SECRETARY OF STATE
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of Banking and Finance:

State: Arete Nurse Professionals, LLC

Enter new principal office address, if applicable:

(Principal office address)

MUST BE A STREET ADDRESS

1211 State Road 436, Suite 195

Casselberry, FL 32707

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

1211 State Road 436, Suite 195

Casselberry, FL 32707

2. The Florida document number of this limited liability company is: M18000003040

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 03/29/2018

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.

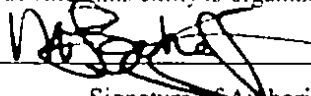
If Changing Registered Agent, Signature of New Registered Agent

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>Member</u>	<u>Jackson Healthcare, LLC</u>	<u>1211 State 436, Suite 227</u>	<input type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Jackson Healthcare, LLC</u>	<u>1211 State Road 436, Suite 195</u>	<input checked="" type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Richard L. Jackson</u>	<u>1211 State 436, Suite 227</u>	<input type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Richard L. Jackson</u>	<u>1211 State Road 436, Suite 195</u>	<input checked="" type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Avant Healthcare Professionals, LLC</u>	<u>1211 State 436, Suite 227</u>	<input type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Avant Healthcare Professionals, LLC</u>	<u>1211 State Road 436, Suite 195</u>	<input checked="" type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	

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 Authorized Representative

Marisa Zaharoff

Typed or Printed Name of Signee

Filing Fee: \$25.00