

M18000003824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

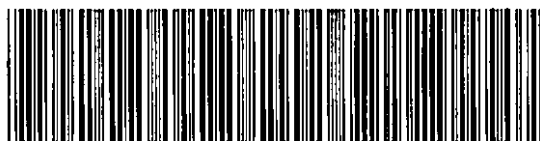
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/01/18--01004--018 \*\*25.00

FILED  
18 NOV -1 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BL VORISEK

NOV 16 2018



October 30, 2018

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

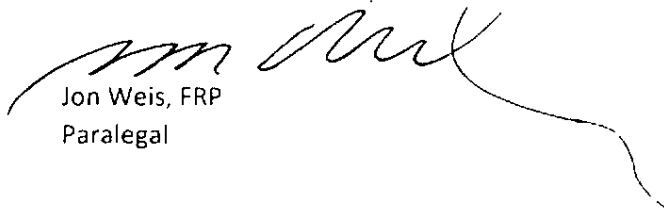
RE: Amendment – Foreign Limited Liability Company

Dear Sir or Ma'am,

Attached to this letter you will find the Amendment for Ascential Care Partners, LLC along with the supporting documents and filing fee.

If any additional documentation is needed or if you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Weis", is written over the typed name and title.

Jon Weis, FRP  
Paralegal

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ascential Care Partners, 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:

Jon Weis

Name of Person

Sunz Insurance Company

Firm/Company

1301 6th Avenue West

Address

Bradenton, FL 34205

City/State and Zip Code

jweis@sunzinsurance.com

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

For further information concerning this matter, please call:

Jon Weis

Name of Person

at ( 941 ) 306-3077

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

**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: Ascential Care Partners, 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 NOV - 1 PM 3:07

FILED

2. The Florida document number of this limited liability company is: M18000003824

3. Jurisdiction of its organization: Kentucky

4. Date authorized to do business in Florida: 4/18/2018

**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> |
|------------------------|-------------|----------------|-----------------------|
|------------------------|-------------|----------------|-----------------------|

|       |                  |                      |                              |
|-------|------------------|----------------------|------------------------------|
| Owner | Cindy Whitehouse | 333 West Vine Street | <input type="checkbox"/> Add |
|-------|------------------|----------------------|------------------------------|

|  |  |                     |  |
|--|--|---------------------|--|
|  |  | Lexington, KY 40502 | <input checked="" type="checkbox"/> Remove |
|--|--|---------------------|--|

|         |              |                      |   |
|---------|--------------|----------------------|---|
| Manager | Steve Herrig | 1301 6th Avenue West | <input checked="" type="checkbox"/> Add |
|---------|--------------|----------------------|---|

|  |  |                     |                                 |
|--|--|---------------------|---------------------------------|
|  |  | Bradenton, FL 34205 | <input type="checkbox"/> Remove |
|--|--|---------------------|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

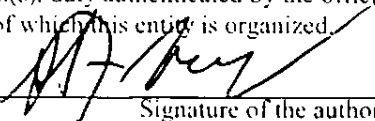
|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
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|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
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|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <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

Steve Herrig

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**