## MIS 000005394

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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2019 DEC 12 PH 3: 47

R. WHITE DEC 12 2019



November 6, 2019

VRC COMPANIES, LLC 868 MT MORIAH MEMPHIS, TN 38117

SUBJECT: VRC COMPANIES, LLC

Ref. Number: M18000005394

We have received your document for VRC COMPANIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILTY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00022973

Catherine M Wood Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section Division of Corporations
Division of Corporations
SUBJECT: Vital Records Holdings 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:
Barry M'Wair Name of Person
Name of Person
Vital Records Holdings LLC Firm/Company
Firm/Company
868 Mt. Moriak Rd. Address
Address
Memohis TN 38118
Memphis, TN 38118 City/State and Zip Code
binenaire Vicnetwork.com
E-mail address: (to be used for future annual report notification)
Can finish an in Communition are no minus this matter, where we will
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Name of Ferson Area code & Daytime Telephone Number
Mailing Address:  Street Address:
Registration Section Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
/ Enclosed is a check for the following amount:
図\$25 Filing Fee 日 \$30 Filing Fee & 日 \$55 Filing Fee & 日 \$60 Filing Fee, al, the すらが Certificate of Status & Certified Copy Certificate of Status &
Certificate of Status Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)

### 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 of	on the records of the Florida Department of
State: VRC Companies LLC	
Enter new principal office address, if applicable:	868 Mt. Mcriah Rd.
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Memphis, TN 38118
Enter new mailing address, if applicable:  (Mailing address	0 9 0
MAY BE A POST OFFICE BOX)	ν.
-	
2. The Florida document number of this limited liabi	ility company is: M 1 8 0 0 0 0 0 5 3 9 4
	7
3. Jurisdiction of its organization: Delawar	-e : /
4. Date authorized to do business in Florida: 3/	5/19
5. New name of the limited liability company:	contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted f copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C.	or the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our records, enter the name of the new lress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper as and accept the obligations of my position as register	and agree to act in this capacity. I further agree to comply with nd complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this the registered office address, I hereby confirm that the limited

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:				
itle/ Capacity	<u>Namç</u>	Address	Type of Action	
<u> </u>			□Add	
			□Remo	
			□Add	
			□Remo	
			□Reme	
			DAdd	
			□Remo	
	<u></u>			
aforementioned am	ne law of which this entity is orga	y the official having custody of records in th	□Remo e	

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VITAL RECORDS HOLDINGS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2019.

6323832 8300

SR# 20198506785

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

Jeffery, W. Dulleco, Secretary of State

Authentication: 204164085

Date: 12-09-19