M18 000005394

(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:





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09/22/20--01005--015 **S5.00

:::..CNS

OCT 28 2020

COVER LETTER

•	ration Section on of Corporations		,	49
SUBJECT: _	Vital Records Holdings, LLC			
	Name of Forei	gn Limited Li	ability Co	mpany
Dear Sir or Ma	adam:			
The enclosed a	application, certificate and fee(s) are submitted	d for filing	2.
Please return a	all correspondence concerning the	nis matter to th	ie followii	ng;
Toimeka Evans				
	Name of Person		-	
VRC Companie	s, LLC			
	Firm/Company			
868 Mt. Moriah				
	Address			
Memphis, TN 38	8117			
	City/State and Zip Coo	le		
tevans@vrenetw	ork.com			
E-mail addr	ess: (to be used for future annua	il report notifi	cation)	
For further info	ormation concerning this matter	, please call:		
Toimeka Evans		901 at (685-11	77
	Name of Person	_ ,	le & Dayt	ime Telephone Number
Regist Divisio P.O. B	ration Section on of Corporations Sox 6327 assee, FL 32314		Division The Ce 2415 N	ddress: ation Section on of Corporations entre of Tallahassee . Monroe Street, Suite 810 assee, FL 32303
	sed is a check for the following	•	F ~	
□\$25 Filing F	Fee ☐ \$30 Filing Fee & Certificate of Status	S55 Filin Certified	~	☐ \$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 1 (1-4 must be completed) 2 1 1 1 7: 35

Name of limited liability Company as it appears o Vital Bounds Haldings LLC		da Department of
State: Vital Records Holdings 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 liabil	ity company is: M180000	005394
3. Jurisdiction of its organization: DE		
4. Date authorized to do business in Florida: 6/7/201	8	
SECTION II (5-9 complete only the applicable cha	inges)	
5. New name of the limited liability company: VRC (must co	Companies, LLC ontain "Limited Liability	Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	ing members adopting th	
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addr	officer address on our rec ess here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
Fitle/ Capacity	Name	11.70 (1.74.74.0) Address	5 Type of Action				
			□Add				
			□Remov				
			□Add				
			□Remov				
			□Add				
			□Remov				
			□Add				
		 	□Remov				
			□Add				
aforementioned am	ne law of which this entity is orga	the official having custody of records in the	□Remov				

Filing Fee: \$25.00