

MI60000DS764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

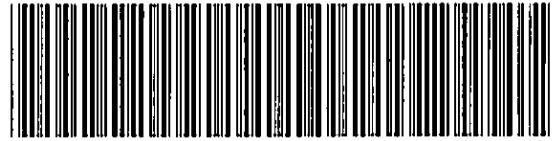
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200315266902

10 JUN 28 AM 10:42

6/11/28

200315266902

6/29/18 DS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 279335 7913944

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 25.00

ORDER DATE : June 28, 2018

ORDER TIME : 10:0 AM

ORDER NO. : 279335-040

CUSTOMER NO: 7913944

2018 JUN 28 AM 11:17

1177

FOREIGN FILINGS

NAME: NSPR CARE CENTERS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**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: NSPR Care Centers, LLC

Enter new principal office address, if applicable: 5102 W. Laurel Street

(Principal office address

MUST BE A STREET ADDRESS)

Suite 700

Tampa, FL 33607

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

5102 W. Laurel Street

Suite 700

Tampa, FL 33607

2. The Florida document number of this limited liability company is: M18000005784

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 20, 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.

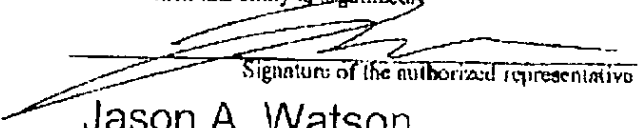
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>MLNM Master Tenant, LLC</u>	<u>5102 W. Laurel Street, Suite 700</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33607</u>	<input type="checkbox"/> Remove
<u>MBR</u>	<u>MLMN Master Tenant, LLC</u>	<u>800 Concourse Parkway S</u>	<input type="checkbox"/> Add
		<u>Maitland, FL 32751</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Jason A. Watson

Typed or printed name of signer

Filing Fee: \$25.00