

M18000269264
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (350) 617-5383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000030023
Phone : (614) 280-3339
Fax Number : (954) 208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOBILITY MEDICAL OF NORTH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2018 SEP 17 AM 9:16

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18 SEP 17 AM 11:15
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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: MOBILITY MEDICAL OF NORTH, 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 liability company is: MI18000007266

3. Jurisdiction of its organization: Mississippi

4. Date authorized to do business in Florida: 08/07/2018

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.

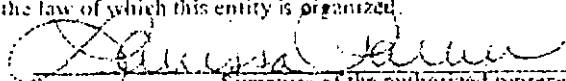
If Changing Registered Agent, Signature of New Registered Agent

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:

Title/Capacity	Name	Address	Type of Action
OFFICE MANAGER	LANESSA PARKER	554 PARK LN	☐ Add
		FLOWOOD, MS 39232	☒ Remove
Director/CEO / Pres	Danyelle Carroll	3954 Demetropolis Rd	☒ Add
		Mobile, AL 36693	☐ Remove
VP	Wayne Carroll	3954 Demetropolis Rd	☒ Add
		Mobile, AL 36693	☐ Remove
Secretary	Sandra Tedford	3954 Demetropolis Rd	☒ Add
		Mobile, AL 36693	☐ Remove
			☐ Add
			☐ 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

Lanessa Parker

Typed or printed name of signee

Filing Fee: \$25.00