

M18000009506

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

FILED
19 MAY 17 AM 10:39
TALLAHASSEE, FLORIDA

****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
MEDIFLEET, LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

20190517 10:10:39

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medifleet, 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:

Colleen V. Monaghan
Name of Person

Royer Cooper Cohen Braunfeld LLC
Firm/Company

101 West Elm Street, Suite 400
Address

Conshohocken, PA 19428
City/State and Zip Code

sherri.johnston@gouspack.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen V. Monaghan at 484 362-2623
Name of Person 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: Medifleet, LLC

Enter new principal office address, if applicable: 2251 Lynx Lane, #5

(Principal office address)
MUST BE A STREET ADDRESS

Orlando, FL 32804

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: M18000009506

3. Jurisdiction of its organization: Connecticut

4. Date authorized to do business in Florida: 10/19/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: US Pack Med LLC
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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: CAPITOL CORPORATE SERVICES, INC.

New Registered Office Address: 515 EAST PARK AVENUE 2ND FL

Enter Florida Street Address

TALLAHASSEE

Florida 32301

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.

Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

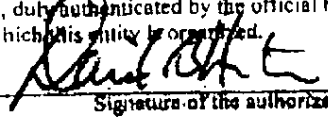
Kim Tadlock
If Changing Registered Agent, Signature of New Registered Agent

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

David Hunter, Chief Financial Officer

Typed or printed name of signee

Filing Fee: \$25.00

FILING #0006334928 PG 01 OF 01 VOL B-02588
 FILED 01/24/2019 11:00 AM PAGE 00213
 SECRETARY OF THE STATE
 CONNECTICUT SECRETARY OF THE STATE



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 162470, HARTFORD, CT 06115-0470
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TACKETT STREET, HARTFORD, CT 06103
 PHONE: 860-509-8003 FAX: 860-509-8003

CERTIFICATE OF AMENDMENT

Limited Liability Company-DOMESTIC

C.S.S. §§84-247a, 24-247b

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: MAILING ADDRESS: CITY: STATE: ZIP:		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST MATCH OUR CURRENT RECORDS EXACTLY WITH DESIGNATION SUCH AS LLC, L.L.C., ETC.) MadMed, LLC		
2. THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS (CHECK A, B, C OR D) - REQUIRED: <input checked="" type="checkbox"/> A. AMENDED, NAME ONLY: US Pack Mad LLC (SPECIFY NEW NAME MUST INCLUDE BUSINESS DESIGNATION SUCH AS: L.L.C., L.L.C., ETC.) <input type="checkbox"/> B. AMENDED: ANY AMENDMENTS TO THE CERTIFICATE OF ORGANIZATION. <input type="checkbox"/> C. AMENDED AND RESTATED: PROVIDE THE TEXT OF EACH AMENDMENT AND ATTACH A COMPLETE RESTATEMENT OF THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION. <input type="checkbox"/> D. RESTATED: INTEGRATION OF ALL PREVIOUS AMENDMENTS TO THE CERTIFICATE OF ORGANIZATION INTO ONE DOCUMENT. ATTACH A COMPLETE RESTATEMENT OF THE LLC'S CERTIFICATE OF ORGANIZATION.		
3. FULL TEXT OF EACH AMENDMENT - REQUIRED IF 2B OR 2C IS CHECKED: (NOTE: IF YOU ARE AMENDING THE BUSINESS NAME ONLY, COMPLETE SECTION 2A AND YOU MAY LEAVE THIS SECTION BLANK)		
4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)		
DATE (MM/DD/YYYY) 12/20/2018		
NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
David Hanter	Chief Financial Officer	

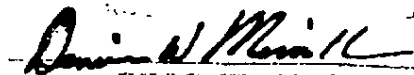
FILED
19 MAY 17 AM 10:39
STATE
TALLAHASSEE, FLORIDA

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office.

In testimony whereof, I have hereunto set my hand.

and affixed the Seal of said State, at Hartford,
this 17th day of May A.D. 2019



SECRETARY OF THE STATE

FILED
May 2019

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that a Certificate of Amendment of MEDIFLEET,
LLC a domestic limited liability company, changing its name to US PACK
MED LLC was filed in this office on January 24, 2019 at 11:00 AM.



Secretary of the State

Date Issued: May 17, 2019

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FILED
19 MAY 17 AM 10:39
SECRETARY OF THE STATE
TALLAHASSEE, FLORIDA