## M180000 10778

| (Re                                     | questor's Name)  |             |  |  |
|---|------------------|-------------|--|--|
| (Ad                                     | dress)           |             |  |  |
| (Ad                                     | dress)           |             |  |  |
| (Cit                                    | y/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | TIAW [           | MAIL        |  |  |
| (Bu                                     | siness Entity Na | me)         |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificate    | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
| L                                       |                  |             |  |  |

Office Use Only



900339893869

01/28/20--01013--023 \*\*25.00



## **COVER LETTER**

| TO: Registration Section  Division of Corporations         | <i>*</i> *   |
|--|--|
| SUBJECT: MHS Payco, LLC                                    |  |
| Name of Foreign  | n Limited Liability Company  |
| Dear Sir or Madam:   |  |
| The enclosed application, certificate and fee(s) a         | are submitted for filing.  |
| Please return all correspondence concerning this           | s matter to the following:   |
| Kelly J. Kelly   |  |
| Name of Person   |  |
| OnPoint Group, LLC   |  |
| Firm/Company   |  |
| 3235 Levis Commons Blvd                                    |  |
| Address  |  |
| Perrysburg, OH 43551                                       |  |
| City/State and Zip Code                                    |  |
| licensing@onpointgroup.cor                                 | n  |
| E-mail address: (to be used for future annual r            | report notification)   |
| For further information concerning this matter, p          | olease call:   |
|  | at ( <u>419</u> ) <u>482-1144</u>  |
| Name of Person   | Area Code & Daytime Telephone Number   |
| STREET/COURIER ADDRESS:                                    | MAILING ADDRESS:   |
| Registration Section                                       | Registration Section   |
| Division of Corporations<br>Clifton Building               | Division of Corporations<br>P.O. Box 6327  |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Tallahassee, Florida 32314   |
| Enclosed is a check for the following amount:              | _  |
| ■ \$25 Filing Fee  | S55 Filing Fee & S60 Filing Fee. 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 1 (1-4 must be completed)

| 1. Name of limited liability Company as it appear  | ars on the records of the Florida Department of   |    |
|--|---|----|
| State: MHS Payco, LLC  |   |    |
| Enter new principal office address, if applicable:   | :   |    |
| ( <u>Principal office address</u><br><u>MUST BE A STREET ADDRESS</u> )   | 20.   |    |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | MAN 28 MM 8: 12   | 77 |
| 2. The Florida document number of this limited li  | liability company is: M18000010778  |    |
| 3. Jurisdiction of its organization: Delaware  |   |    |
| 4. Date authorized to do business in Florida: 11   |   |    |
| SECTION II (5-9 complete only the applicable   | e changes)  |    |
| 5. New name of the limited liability company: (mu  | OnPoint Group Services, LLC  ist contain "Limited Liability Company," "L.L.C.," or "LLC.")  |    |
| (If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company." "L.L. | ed for the purpose of transacting business in Florida and attach a lanaging members adopting the alternate name. The alternate name. C." or "LLC.")   | ie |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a  | red officer address on our records. enter the name of the new address here:   |    |
| Name of New Registered Agent:  |   |    |
| New Registered Office Address:   |   |    |
|  | Enter Florida Street Address  |    |
|  | , Florida   |    |
| the provisions of all statutes relative to the proper<br>and accept the obligations of my position as regis  | degistered Agent;<br>ent and agree to act in this capacity. I further agree to comply we<br>or and complete performance of my dutics, and I am familiar with<br>stered agent as provided for in Chapter 605, F.S. Or, if this<br>o in the registered office address, I hereby confirm that the limite | ,  |

If Changing Registered Agent, Signature of New Registered Agent

| itle/ Capacity | <u>Name</u> | Address     | Type of Action |
|----------------|-------------|-------------|----------------|
|                |             |             | Add            |
|                |             |             | Remov          |
|                |             |             |                |
|                |             |             | 20 J. Remov    |
| <u> </u>       |             |             |                |
|                |             |             |                |
|                |             |             | Add            |
|                |             | <del></del> | Remove         |
|                |             |             | Add            |
|                |             |             | ☐ Remove       |

Kirk E. Yosick, Authorized Signer

Typed or printed name of signee

Filing Fee: \$25.00

Page 1



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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MHS PAYCO, LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ONPOINT

GROUP SERVICES, LLC" ON THE FIRST DAY OF MAY, A.D. 2019, AT 8:43

O'CLOCK A.M.



Authentication: 202164444

Date: 01-10-20