

M180000 11179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

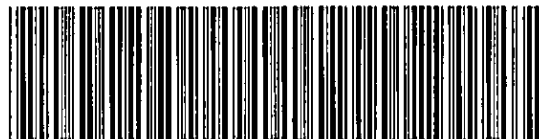
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUL 29 PM 3:31

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AUG 1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BLUE ZONE HEALTH MANAGEMENT, 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:

Patricia Loomis

Name of Person

Paladin Global Partners LLC

Firm/Company

612 SE 5th Avenue, STE 6

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

ray@paladinglobalpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Loomis

Name of Person

at **954** **653-1071**

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: Blue Zone Health Management 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: M1800001

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/12/2018

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

5. New name of the limited liability company: H-CYTE MANAGEMENT, LLC

(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:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>H-CYTE, INC</u>	<u>201 E Kennedy Blvd, STE 700</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33602</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>MEDOVEX CORP</u>	<u>201 E Kennedy Blvd, STE 700</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33602</u>	<input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
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<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<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.

Jeremy Daniel
Signature of the authorized representative

Jeremy Daniel

Typed or printed name of signee

Filing Fee: \$25.00


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "BLUE ZONE HEALTH
MANAGEMENT, LLC", CHANGING ITS NAME FROM "BLUE ZONE HEALTH
MANAGEMENT, LLC" TO "H-CYTE MANAGEMENT LLC", FILED IN THIS
OFFICE ON THE NINETEENTH DAY OF JULY, A.D. 2019, AT 8:46
O`CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

7179004 8100
SR# 20196052611

Authentication: 203251523
Date: 07-19-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Blue Zone Health Management, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1. of the Certificate of Formation is hereby amended to change the name of the limited liability company from Blue Zone Health Management LLC to H-Cyte Management LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 17 day of July, A.D. 2019.

By: Jeremy Daniel
Authorized Person(s)

Name: Jeremy Daniel
Print or Type