

8/19/2019

Division of Corporations



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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2019 AUG 19 PM 2:54

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MPP INFUSION CENTER OF KISSIMMEE, LLC**

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TALLAHASSEE, FLORIDA

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AUG 20 2019

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: MPP Infusion Center of Kissimmee, LLC

Enter new principal office address, if applicable: 607 Oak Commons Boulevard

Kissimmee, FL 34741

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

c/o Multispecialty Physician Partners, LLC

(Mailing address
MAY BE A POST OFFICE BOX)

1626 Cole Blvd., Suite 225,

Lakewood, CO 80401

2. The Florida document number of this limited liability company is: M19000005817

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 13, 2019

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.

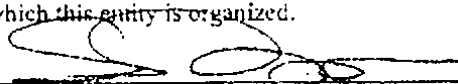
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Multispecialty Physician Partners LLC	1626 Cole Blvd., Suite 225,	<input checked="" type="checkbox"/> Add
		Lakewood, CO 80401	<input type="checkbox"/> Remove
Member	RV Infusion Partners Jr., LLC	1626 Cole Blvd., Suite 225,	<input checked="" type="checkbox"/> Add
		Lakewood, CO 80401	<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

Ellen Davis, President

Typed or printed name of signee

Filing Fee: \$25.00

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FILED