

M21000002212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

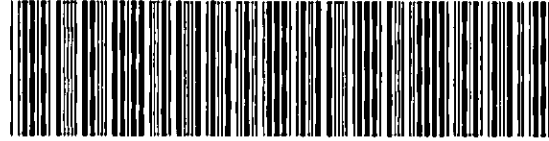
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/19/21--01002--006 **25.00

2021 MAR 18 AM 8:36

2021 MAR 18 PM 4:00

O SIMMONS
MAR 19 2021

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

I. Deland Senior Care, LLC M21000002212
Name Document Number (if known)

☒ Walk in ☐ Will wait

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ INC

☐ OTHER - Corp

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion

☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority

☐ APOSTIL () ☐ Other
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Limited Partnership
☐ Reinstatement

☐ Trademark

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deland Senior Care 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:

Kyle Killeen

Name of Person

Deland Senior Care LLC

Firm/Company

709 S Harbor City Blvd, Ste 240

Address

Melbourne, FL 32901

City/State and Zip Code

kkilleen@storeylawgroup.com

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

For further information concerning this matter, please call:

Kyle Killeen

at (407) 488-1225

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Deland Senior Care, LLC

Enter new principal office address, if applicable: 709 S. Harbor City Blvd., Ste. 240

(Principal office address
MUST BE A STREET ADDRESS) Melbourne, FL 32901

Enter new mailing address, if applicable: 709 S. Harbor City Blvd., Ste. 240

(Mailing address
MAY BE A POST OFFICE BOX) Melbourne, FL 32901

2. The Florida document number of this limited liability company is: M21000002212

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 2/13/2021

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:

This amendment removes the current manager and adds the two new managers below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M	John E. McCullan	1175 Peachtree St. NE, Ste. 350	<input type="checkbox"/> Add
		Atlanta, GA 30361	<input checked="" type="checkbox"/> Remove
M	Deland Senior Investments I, LLC	709 S. Harbor City Blvd., Ste. 240	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32901	<input type="checkbox"/> Remove
M	Deland Senior Investments II, LLC	709 S. Harbor City Blvd., Ste. 240	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32901	<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

Kyle Killeen

Typed or printed name of signee

Filing Fee: \$25.00