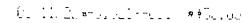
# M22000000083

(Req	uestor's Name)	
(Add	lress)	<del></del> .
(Add	lress)	
(City	/State/Zip/Phone	≘ #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	<del>-</del>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		1

Office Use Only



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### **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	PCHP, LLC		
	Name of Fore	eign Limited Lial	bility Company
Dear Sir or	· Madam:		
The enclos	ed application, certificate and fee(	s) are submitted	for filing.
Please retu	rn all correspondence concerning	this matter to the	e following:
Natarsha D.	Nesbitt		
	Name of Person		_
GroundGam	e.Health, inc.		_
	Firm/Company		
5660 West C	Cypress Street; Suite G		_
	Address		_
Tampa, FL 3	33607		
	City/State and Zip Co	ode	_
Legal@grou	indgame.health		
E-mail a	ddress: (to be used for future annu	ial report notifiea	ation)
For further	information concerning this matte	er, please call:	
Natarsha D.	Nesbitt	813 at (	434-1267
	Name of Person	Area Code	e & Daytime Telephone Number
Rep Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En- □\$25 Filir	Certificate of Status	☐ \$55 Filing	·



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 31, 2022

NATARSHA D. NESBITT GROUNDGAME.HEALTH, INC 5660 G WEST CYPRESS STREET TAMPA, FL 33607

SUBJECT: PCHP, LLC

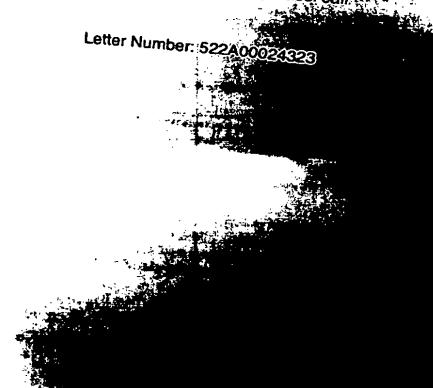
Ref. Number: M22000000083

We have received your document for PCHP, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and

If you have any questions concerning the filing of your document, please call

Neysa Culligan Regulatory Specialist III



## 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)

I hereby accept the appointment as registered as the provisions of all statutes relative to the prop- and accept the obligations of my position as reg	gent and agree to act in this cap er and complete performance of	f my duties, and I am fam	iliar wi	with ith
New Registered Agent's Signature, if changing	City Registered Agent:	Zip Co	ae	
	Cir.	Florida Zip Co	.1	
New Registered Office Address.	Enter Flor	ida Street Address		
New Registered Office Address:	<del></del>			
registered agent and/or the new registered office  Name of New Registered Agent:	address nere:			
6. If amending the registered agent and/or regist		rds, enter the name of the	: new	
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.I	nanaging members adopting the	g business in Florida and alternate name. The alter	attach .	a ame
5. New name of the limited liability company: (m	ust contain "Limited Liability C	Company, ""L.L.C.," or	LLC.	")
SECTION II (5-9 complete only the applicable)	le changes)			
4. Date authorized to do business in Florida:				
3. Jurisdiction of its organization: Delaware				
2. The Florida document number of this limited	liability company is: M2200000	00083		
<u>man us an ost ottles man</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		73	<del>կ</del> ։ 29	Post
Cara-anna dia and dana i Gara-Vankla.		SSE	PH	
(Principal office address MUST BE A STREET ADDRESS)		AU 2011 2011	<u>0</u> €C −6	
Enter new principal office address, if applicable	; <u> </u>		2022 o	W-23-
State: PCHP, LLC				

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: Amending Authorized Person(s) authorized to manage as follows: Type of Action Title/ Capacity Address <u>Name</u> Member James Vandagrifft 16033 Coleman Drive  $\square$ Add Westfield, IN 46074 Remove 5660 West Cypress Street; Suite G Member Susan Rawlings Molina ■Add Tampa, FL 33607 □ Remove Member Sridhar Akula 5660 West Cypress Street; Suite G ■Add Tampa, FL 33607 □Remove □Add □ Remove □Add □ 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 organismeds: Susan Rawlings Molina
Signature of the authorized representative Susan Rawlings Molina Typed or printed name of signee Filing Fee: \$25.00