

M22 0000000130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

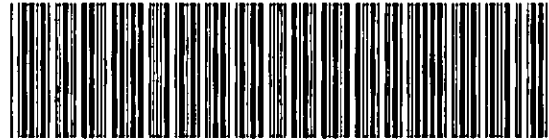
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

2022 DEC -6 PM 4:24

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Preferred Population 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:

Natarsha D. Nesbitt

Name of Person

GroundGame.Health, inc.

Firm/Company

5660 West Cypress Street, Suite G

Address

Tampa, FL 33607

City/State and Zip Code

Legal@groundgame.health

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

For further information concerning this matter, please call:

Natarsha D. Nesbitt

at (813) 434-1267

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee.
Certificate of Status &
Certified Copy |
|--|---|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 DEC -6 11 9:14

October 31, 2022

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

SUBJECT: PREFERRED POPULATION HEALTH MANAGEMENT, LLC
Ref. Number: M22000000130

We have received your document for PREFERRED POPULATION HEALTH MANAGEMENT, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 922A00024323

**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: Preferred Population 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)

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SECRETARY OF STATE
TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M22000000130

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 3, 2022

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)(c), indicate that change:

Amending Authorized Person(s) authorized to manage as follows:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	James Vandagriff	16033 Coleman Drive	<input type="checkbox"/> Add
		Westfield, IN 46074	<input checked="" type="checkbox"/> Remove
Member	Susan Rawlings Molina	5660 West Cypress Street; Suite G	<input checked="" type="checkbox"/> Add
		Tampa, FL 33607	<input type="checkbox"/> Remove
Member	Sridhar Akula	5660 West Cypress Street; Suite G	<input checked="" type="checkbox"/> Add
		Tampa, FL 33607	<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:

Susan Rawlings Molina
 Signature of the authorized representative
 Susan Rawlings Molina
 Typed or printed name of signee

Filing Fee: \$25.00

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 TALLAHASSEE, FL