

# M22000016901

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

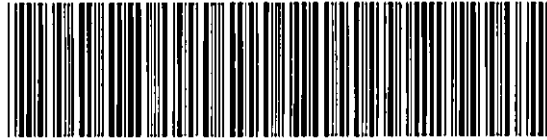
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED

2022 NOV 16 PM 1:01

TALLAHASSEE, FL

RECEIVED

2022 NOV 16 PM 2:49

TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO :** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM :** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 11/16/2022

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1085675

**ORDER ENTITY**

AVAMERE SKILLED ADVISORS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**AVAMERE SKILLED ADVISORS, LLC ( FL )**

File the attached correction document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**FIRST:** The name of the limited liability company is: AVAMERE SKILLED ADVISORS, LLC

**SECOND:** The Florida Document number of the limited liability company is: M22000016901

**THIRD:** Document to be corrected is: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY

☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

1200 SOUTH PINE ISLAND ROAD, PLANTATION, FLORIDA 33324

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

CORINNE GAMES

11/16/2022

Signature of Authorized Representative

Date \_\_\_\_\_

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

- DocuSigned by:

CORTNIE GAMES

- 26CBE / 6AFA3A49 /

7/24/2017  
Registered Agent's Signature

**Filing Fee:** \$25.00  
**Certified Copy:** \$30.00 (optional)