

M240000004/53

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

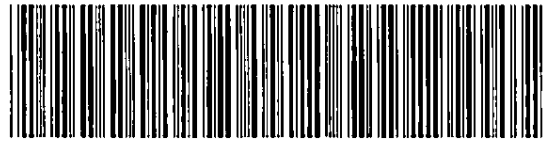
Certified Copies _____ Certificates of Status _____

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JUL 1 2024

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05/13/24 - 01002 - 007 **25.00

FILED
2024 MAY 13 AM 10:31
SECRETARY OF STATE
TREASURY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealthCred 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:

Adam D. Plunk
Name of Person

Plunk Smith PLLC
Firm/Company

2801 Network Blvd. #300
Address

Frisco, TX 75034
City/State and Zip Code

kbeechly@plunksmith.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam D. Plunk at (972) 370-3333
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: MusicCred Productions, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

806 Whitrock Lane

Fort Walton Beach, FL 32547

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

806 Whitrock Lane

Fort Walton Beach, FL 32547

2. The Florida document number of this limited liability company is: M24000004153

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 19, 2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: HealthCred Care, LLC
(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.

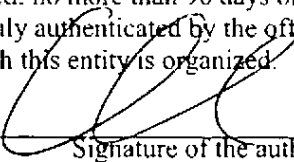
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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

Adam D. Plunk, Organizer

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HEALTHCRED CARE, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE EIGHTH DAY OF MAY, A.D. 2024.




Jeffrey W. Bullock, Secretary of State

7312390 8300

SR# 20241966135

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203431885

Date: 05-08-24

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: MusicCred Productions, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the limited liability company is
HealthCred Care, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 3rd day of May, A.D. 2024.

By: 

Authorized Person(s)

Name: Adam D. Plunk

Print or Type