

2/16/23, 2:06 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M980000061591

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUORUM HEALTH RESOURCES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2023 FEB 16 11:2:13

2023 FEB 16 PM 12:39

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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: QUORUM HEALTH RESOURCES, LLC

Enter new principal office address, if applicable: 1573 MALLORY LANE, SUITE 200

(Principal office address

MUST BE A STREET ADDRESS)

BRENTWOOD, TN 37027

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1573 MALLORY LANE, SUITE 200

BRENTWOOD, TN 37027

2. The Florida document number of this limited liability company is: M98000000691

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/30/1998

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

5. New name of the limited liability company: QHR HEALTH, LLC
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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," "LLC," or "L.L.C.")

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

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AND
FILED

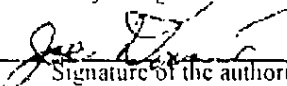
2023 FEB 16 PM 12:39

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
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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

Joe Davis, Manager

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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*CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "QUORUM
HEALTH RESOURCES, LLC" TO "QHR HEALTH, LLC", FILED THE EIGHTH
DAY OF FEBRUARY, A.D. 2022, AT 3:39 O'CLOCK P.M.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY, "QHR HEALTH, LLC".*



2908225 8100H
SR# 20230435383

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202674152
Date: 02-08-23