

FILED

Secretary of State

State of Washington

Date Filed: 03/02/2020

Effective Date: 03/02/2020

UBI No: 602 738 806



Office of the Secretary of State

Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

- Expedite Service \$50
- Nonprofit Amendment \$20
- All Other Entity Types Amendment \$30

### AMENDMENT OF FOREIGN REGISTRATION STATEMENT

#### RCW 23.95

Please provide UBI # <u>602 738 806</u> (as currently recorded with the Office of the Secretary of State)
<b>NAME OF FOREIGN ENTITY:</b> (as currently recorded with the Office of the Secretary of State) <u>TeleQuality Communications, LLC</u>
<b>BUSINESS TYPE CHANGE:</b> Is this for a Nonprofit Corporation? (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please continue to page 2. If no, please continue below  Are you changing your business type? (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if no, continue to page 2) If yes, select the change being made: <input type="checkbox"/> FOREIGN LIMITED LIABILITY COMPANY <input type="checkbox"/> FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP <input type="checkbox"/> FOREIGN LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> FOREIGN LIMITED PARTNERSHIP <input type="checkbox"/> FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANY <input type="checkbox"/> FOREIGN PROFESSIONAL LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> FOREIGN PROFESSIONAL SERVICE CORPORATION <input type="checkbox"/> FOREIGN PROFIT CORPORATION <input type="checkbox"/> FOREIGN PUBLIC UTILITY CORPORATION

**ENTITY NAME CHANGE:** Are you changing your business name?  Yes  No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved?  Yes  No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: \_\_\_\_\_

Name: ENA Healthcare Services, LLC

**DOING BUSINESS AS (DBA) NAME:** RCW 23.95.525

If above name is not available, enter a name to be used in Washington State.

**JURISDICTION:** *Required only if changed*

Country: \_\_\_\_\_

State: \_\_\_\_\_

**PRINCIPAL OFFICE:** *Required only if changed*

**Principal Office Street Address**  
(Must be a physical address; No PO Box or PMB)

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing Address (optional)**

Check if mailing address is the same as street address.

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (optional) \_\_\_\_\_ Email: (optional) \_\_\_\_\_

**GOVERNOR(S):** *Required only if changed*

List at least one, attach additional pages if necessary \*An entity cannot serve as its own Governor

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**PERIOD OF DURATION IN HOME JURISDICTION:** *Required only if changed* Please check ONE of the following

This Company shall have a perpetual duration  This Company shall have a duration of \_\_\_\_\_ years.

This Company shall expire on \_\_\_\_\_

Has your registered agent changed?  YES  NO If Yes, please be sure to complete page 3

**NEW REGISTERED AGENT:**

Is the Registered Agent a Commercial Registered Agent?  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual _____ First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Entity _____ Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Office or Position _____ List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Registered Agent Street Address (required)**  
(Must be a physical address No PO Box or PMB)

Country: United States State: Washington

Address : \_\_\_\_\_  
\_\_\_\_\_  
Zip: \_\_\_\_\_ City: \_\_\_\_\_

**Registered Agent Mailing Address (optional)**  
 Check if mailing address is the same as street address

Country: United States State: Washington

Address : \_\_\_\_\_  
\_\_\_\_\_  
Zip: \_\_\_\_\_ City: \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

\_\_\_\_\_  
Signature of Registered Agent                      Printed Name/Title                      Date

**NATURE OF BUSINESS:** *Required only if changed*

Briefly describe the type of business your entity conducts in the state of Washington:

**EFFECTIVE DATE:** *Required only if changed*

Date of filing  Specify a Date \_\_\_\_\_ cannot be more than 90 days following received date

**RETURN ADDRESS FOR THIS FILING:** *(Optional)*

This address will be sent document( s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/ mailing address.

**Attention to:** Mary Ward

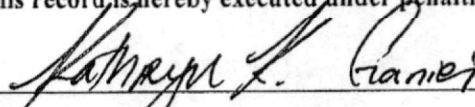
**Email:** mward@bradley.com

**Address:** 1600 Division Street, Suite 700

**City** Nashville **State** TN **Zip** 37203

**AUTHORIZED PERSON:**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

	<u>Kathryn K. Ganier, Secretary</u>	<u>01/01/2020</u>
<b>Signature of Authorized Person</b>	<b>Printed Name/Title</b>	<b>Date</b>

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENA HEALTHCARE SERVICES, 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6675666 8300

SR# 20201088353

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Authentication: 202381879

Date: 02-13-20

Work Order #: 2020021800097857 - 1

Received Date: 02/18/2020

Amount Received: \$30.00