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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Homeland HealthCare  
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:

Shelley Molge  
Name of Person

Homeland HealthCare  
Firm/Company

825 Market Street, Suite 300  
Address

Allen, TX 75013  
City/State and Zip Code

shelley.molge@homelandhealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Moge at ( 469 ) 324-5240  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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



825 Market Street, Suite 300  
Allen, TX 75013  
(214) 871-2118

VIA FEDERAL EXPRESS

December 19, 2013

Florida Secretary of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Level One Health, LLC – Application By Foreign Limited Liability Company to File  
Amendment to Application for Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed please find the following;

1. An executed copy of an Application By Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business In Florida;
2. A completed Cover Letter form;
3. a Certified Copy of the Amendment as filed in the State of Delaware (domicile state);
4. a check in the amount of \$25 payable to the Florida Department of State; and
5. a copy of the filing and self-addressed Federal Express return envelope.

Please mark the copy “received” and return it directly to me in the enclosed Federal Express envelope.

Please notify me if you have questions regarding this information.

Very truly yours,

A handwritten signature in black ink that reads "Shelley Molge".

Shelley Molge  
Paralegal  
Shelley.Molge@HomelandHealthCare.com

*The information contained in this letter is confidential. It is protected by law, and contains trade secret information, and commercial or financial information the disclosure of which would cause substantial competitive harm.*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Level One Health, LLC
  
2. Jurisdiction of its organization: Delaware
  
3. Date authorized to do business in Florida: 4/10/2012

**SECTION II (4-7 complete only the applicable changes)**

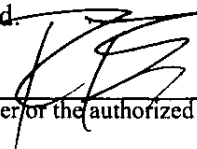
4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? December 18, 2013

5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

Health Source One Insurance Group, 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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: n/a
  
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: n/a
  
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a

9. Attached is an original certificate, 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 a member or the authorized representative of a member

Robert J. Byrnes - President  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "LEVEL ONE HEALTH, LLC", CHANGING ITS NAME FROM "LEVEL ONE HEALTH, LLC" TO "HEALTH SOURCE ONE INSURANCE GROUP, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2013, AT 8:58 O'CLOCK A.M.

RECEIVED  
SECRETARY OF STATE  
18 DEC 20 08:58 AM '13

5018644 8100

131440665



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0992364

DATE: 12-18-13


State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 08:58 AM 12/18/2013  
FILED 08:58 AM 12/18/2013  
SRV 131440665 - 5018644 FILE

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

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

1. The name of the limited liability company is:  
Health Source One  
Insurance Group, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 17<sup>th</sup> day of December, A.D., 2013.

By:   
Authorized Person(s)

Name: Robert J. Bymes  
Print or Type