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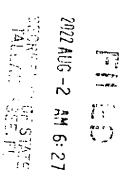
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. BUTLER AUG 1 8 2022

COVER LETTER

TO: Amendme	ent Section Division of Corporation	ns		
SUBJECT: He	ealthy Connections Homec	are Services, In	ıc.	
DOCUMENT NU	MBER: F0400001634	Or Conporation		
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this mat	ter to the followin	g:	
Michelle Maz	zenga			
······································	Name of Contact Person	****	-	
Healthy Con	nections Homecare Services	s, Inc.		
	Firm/Company		_	
3000 Lakeside	Dr., Suite 300N			
	Address		_	
Bannockburn,	, IL 60015			
	City/State and Zip Code		_	
och-corporate	efilings@optioncare.com			
E-mail addre	ss: (to be used for future annual re	port notification)		
For further informa	ation concerning this matter, pleas	e call:		
Michelle Maz	zenga	_ at (312	940-252	8
Name	e of Contact Person	Area Code	c & Daytime	Felephone Number
Enclosed is a check	k for the following amount:			
★ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Fill Certified Co	~	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Talluhassee, F1, 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Pursuant to s. 607,1504, F.S.) 22 AUG - 2 AUG 6: 27

SECTION 1 CECRETAL CHESTATE (1-3 MUST BE COMPLETED)[ALL, THASCEE, FI

F04000001634			
(Document n	umber of corporation	(if known)	
Healthy Connections Homecare Services, In	с.		
(Name of corporation as it ap		of the Department of State))
2. Texas	3	03/15/2004 (Date authorized to do bus	
(Incorporated under laws of)		(Date authorized to do bus	iness in Florida)
(4-7 COMPLETE O	SECTION II NLY THE APPLIC	ABLE CHANGES)	
4. If the amendment changes the name of the corporation, when the incorporation?	en was the change of	fected under the laws of its	jurisdiction of
(Name of corporation after the amendment, adding suffix not contained in new name of the corporation)	"corporation," "comp	any," or "incorporated," or	appropriate abbreviation, i
(If new name is unavailable in Florida, enter alternate corp	orate name adopted for	or the purpose of transactin	g business in Florida)
6. If the amendment changes the period of duration, indi	icate new period of di	uration.	
	(New duration)	······································	
7 If the amendment changes the jurisdiction of incorpor	ration, indicate new ju	irisdiction.	
	(New jurisdiction)		
8. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a Name of New Registered Agent		a, enter the name of the	
(Flo	orida strvet address)		
New Registered Office Address:		, Florida	
	(City)	((Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:		
Thereby accept the appointment as registered agent. Tan	n familiar with and a	ccept the obligations of the	position.

Signature of New Registered Agent, if changing

itle/ Capacity	Name	Address	Type of Action
Secretary	Collin Smyser	3000 Lakeside Dr., Suite 300N	X IAdd
		Bannockburn, IL 60015	Remove
Secretary 	Cliff Berman	3000 Lakeside Dr., Suite 300N	□Add
		Bannockburn, IL 60015	emove
			DAdd
			Спюче
			Remove
·			□Add
		****	Remove
Attached is a coof the application under the laws of	ertificate or document of similar in on to the Department of State, by the of which it is incorporated.	export, evidencing the amendment, authenticated not exerctary of State or other official having custody o	more than 90 days prior to delifer feorporate records in the jurisdic
		a director president or other officer - if in the hands other count appointed fiduciary, by that fiduciary)	

FILING FEE \$35.00



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2022 AUG -2 AM 11: 32

FLORIDA DEPARTMENT OF STATE: Division of Corporations

MALANA STEARLE

July 5, 2022

MICHELLE MAZZENGA 3000 LAKESIDE DR. SUITE 300N BANNOCKBURN, IL 60015

SUBJECT: HEALTHY CONNECTIONS HOMECARE SERVICES, INC.

Ref. Number: F04000001634

We have received your document for HEALTHY CONNECTIONS HOMECARE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICERS(S)AND/OR DIRECTOR(S), but your entity is a FOREIGN PROFIT AMENDMENT. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 822A00014972

Anissa Butler Regulatory Specialist II

www.sunbiz.org



April 28, 2022

FL Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Entity # F04000001634

Dear Sir or Madam:

Effective April 18, 2022, Healthy Connections Homecare Services, Inc. has updated its corporate officers. The new officers are:

Michael Shapiro – President, CFO and Treasurer Collin Smyser - Secretary

Enclosed, please find the applicable change application. If you require additional information or should you have any questions, please feel free to contact me via email at ocpondiff optioncare.com or by phone at (312) 940-2528.

Sincerely,

Michelle Mazzenga

Michelle Mazzenga Senior Specialist