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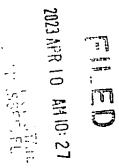
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	-
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	tatus
Special Instructions to Filing Officer:	

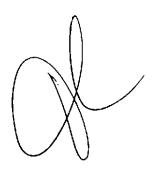
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: <u>Sealor</u> Heath	Advocates	
SUBJECT:PROPPROUN	Name of Surviving Party	
The enclosed Certificate of Merger and fee(s	s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Calcy Porter		
Contact Person		
Senior Health Advo	cotrs	
Firm/Company		
439 SW Main Blud.		
Address		
Lake City FL 32025		2
City, State and Zip (Jode	023
admin(seniorha co)	m m	THE TO AH 10: 27
E-mail address: (to be used for futur	e annual report notification)	TO HIS
		5 O
For further information concerning this mat	ter, please call:	75 27
Calcy Porter	at (386) 397-3274	
Name of Contact Person	Area Code Daytime Telephone Number	
☐ Certified copy (optional) \$30.00	•	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations . Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		
CR2E080 (2/20)		

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows: Form/Entity Type **Jurisdiction** Name SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows: Form/Entity Type **Jurisdiction** Name Script Health Advocates LLC FL THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with

ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOURTH: Please check one of the b	poxes that apply to surviving o	ntity: (if applicable)	
This entity exists before the m are attached.	erger and is a domestic filing	entity, the amendment, if any to its public	organic record
☐ This entity is created by the m	erger and is a domestic filing	entity, the public organic record is attache	ed.
liability partnership, its statem 655 - \ porc - create This entity is a foreign entity t	ent of qualification is attached now ontify SH that does not have a certification.	d liability limited partnership or a domest d. A い く ののでう of authority to transact business in this st cess served pursuant to s. 605.0117 and Cl	tate. The
SIXTH: If other than the date of filin days after the date this document is fil	F.S.		
Note: If the date inserted in this block as the document's effective date on the		statutory filing requirements, this date w	Enot be listed
SEVENTH: Signature(s) for Each Pa	arty:	Typed or P	
Name of Entity/Organization:	Signature(s):	Name of Ir	ıdividual: 🎵
Senier Soving Strategies / G.	wer Brish Chair	Gwent Po	1億人。
Serier Health Advocate Colt	- / - /	Colton ?	nith
Serior Health Advocats/Caley	Boto alan R	Carey Port	<u>~</u>
· · · · · · · · · · · · · · · · · · ·	ine Boodsky Vacation	Dearly Romoting	Bronsle
Senior Health Activocats accons	Chairman, Vice Chairman	President or Officer Gwon Po	nish
General partnerships:	(If no directors selected, s Signature of a general par		
Florida Limited Partnerships:	Signatures of all general par		
Non-Florida Limited Partnerships: Limited Liability Companies:	Signature of a general par Signature of an authorized		
Fees: For each Limited Liability Co	ompany: \$25.00	For each Corporation:	\$35.00
For each Limited Partnership	\$52.50	For each General Partnership:	\$25.00
For each Other Business Enti	ty: \$25.00	Certified Copy (optional):	\$30.00