

1104000003057

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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 CORRECT CARE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

T. CLINE
JAN 28 2019
EXAMINER

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: Correct Care Solutions, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M04000003057

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 07/30/2004

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

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

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

2019 JAN 25 AM 9:18

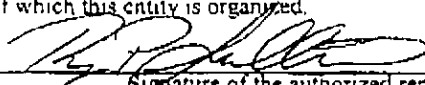
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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

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

Ryan Sullivan, Attorney-In-Fact

Typed or printed name of signer

Filing Fee: \$25.00

2019 JAN 25 AM 9:18

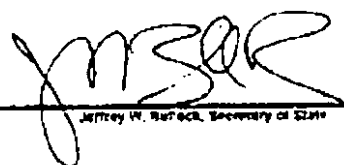
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A KANSAS LIMITED
LIABILITY COMPANY UNDER THE NAME OF "CORRECT CARE SOLUTIONS, LLC"
TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON
THE FOURTH DAY OF DECEMBER, A.D. 2018, AT 11:30 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:30 AM 12/04/2018
FILED 11:30 AM 12/04/2018
SR 20187980782 - File Number 7192611

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Kansas.
- 2.) The jurisdiction immediately prior to filing this Certificate is Kansas.
- 3.) The date the Non-Delaware Limited Liability Company first formed is August 29, 2003.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Correct Care Solutions, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Wellpath LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
27 day of November, A.D. 2018.

By: David L. Perry
Authorized Person

Name: David L. Perry
Print or Type

Delaware

The First State

Page 1

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 FORMATION OF "WELLPATH LLC", FILED
IN THIS OFFICE ON THE FOURTH DAY OF DECEMBER, A.D. 2018, AT
11:30 O'CLOCK A.M.



7192611 8100
SR# 20190470574

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 in a small font.

Authentication: 202136025
Date: 01-24-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:30 AM 12/04/2018
FILED 11:30 AM 12/04/2018
SR 20187980782 - File Number 7192611

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

• First: The name of the limited liability company is Wellpath LLC

• Second: The address of its registered office in the State of Delaware is 3411
SILVERSIDE RD, SUITE 104 in the City of WILMINGTON
Zip Code 19810

The name of its Registered agent at such address is _____
CORPORATE CREATIONS NETWORK INC.

• Third: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
24th day of November, 2018

By David L. Perry
Authorized Person(s)

Name: David L. Perry
Typed or Printed