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DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS
15 JAN 27 PM 12:11
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 JAN 27 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JAN 28 2015



January 27, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 70538017 WO
Customer Reference 1: Name Change
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

Genoa, a QoL Healthcare Company, LLC (PA)
Evidence of Amendment
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Qol Meds, LLC

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

contracts@genoahealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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

CR2E055 (12/13)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: Qol Meds, LLC

2. Jurisdiction of its organization: Pennsylvania

3. Date authorized to do business in Florida: 07/31/2009

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

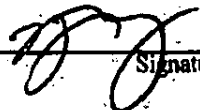
4. New name of the limited liability company: Genoa, a QoL Healthcare Company, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

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

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

7. Attached is an original 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 Niemeyer

Typed or printed name of signee

Filing Fee: \$25.00

2015 JAN 27 PM 2:40

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

January 26, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that Certificate of Amendment were filed pursuant to the laws of the Commonwealth of Pennsylvania on January 13, 2015, for QoL meds, LLC, a Pennsylvania Limited Liability Company, incorporated July 15, 2009, whereby the corporate name was changed to Genoa, a QoL Healthcare Company, LLC.

I DO FURTHER CERTIFY THAT, This shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Contes

Acting Secretary of the Commonwealth

Certificate Number: [CERTIFICATENUMBER]-1

Verify this certificate online at <http://www.corporations.state.pa.us/Corp/SOSKB/verify.asp>