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Office Use Only



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2022 HAY -5 AM II: 35

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 658446 8305498
AUTHORIZATION Symbole man
COST LIMIT .25.00
ORDER DATE : May 4, 2022
ORDER TIME : 1:27 PM
ORDER NO. : 658446-015
CUSTOMER NO: 8305498
FOREIGN FILINGS
NAME: SANDATA TECHNOLOGIES, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACTO BUSINESS IN FLORIDA

2022 HAY -5 AM 11: 35

Zip Code

SECTION	N1 (1-4 must be completed)
Name of limited liability Company as it appear State: Sandata Technologies, LLC	s on the records of the Florida Department of ALL, 1000 E.
Enter new principal office address, if applicable:	270 Duffy Avenue, Unit 266A
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Hicksville, NY 11801
Enter new mailing address, if applicable:	270 Duffy Avenue, Unit 266A
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Hicksville, NY 11801
3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 03/1 SECTION II (5-9 complete only the applicable	changes)
•	t 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 naging members adopting the alternate name. The alternate name
If amending the registered agent and/or registered agent and/or the new registered office are	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Florida

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.

City

8. If the amendment o	hanges person, title or capacity in acco	ordance with 605.0902 (1)(e), indicate th	at change:
Title/ Capacity	<u>Name</u>	Address	Type of Action
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aforementioned air	icate, if required: no more than 90 da endment(s), duly authenticated by the law of which this entity is organized by the law of which the law of the	e official having custody of records in the	□Ren

Filing Fee: \$25.00