

MI1000004758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

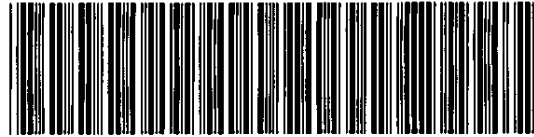
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2016 NOV - 1 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
16 NOV - 1 AM 10:54

K. SALY

NOV - 2 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 351861 4352697  
AUTHORIZATION :   
COST LIMIT : \$25.00

ORDER DATE : October 31, 2016  
ORDER TIME : 9:44 AM  
ORDER NO. : 351861-005  
CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: HUMANA VITALITY, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Humana Vitality, 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:

Susan Crump

Name of Person

Humana Inc.

Firm/Company

500 West Main Street

Address

Louisville, KY 40202

City/State and Zip Code

dwilliams20@humana.com

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

For further information concerning this matter, please call:

Joan Lenahan

Name of Person

at ( 502 ) 580-3778

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

**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: HumanaVitality, LLC

Enter new principal office address, if applicable: n/a

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000004758

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 22, 2011

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

5. New name of the limited liability company: Go365, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

n/a

(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: n/a

New Registered Office Address: n/a

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

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

n/a

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

n/a

change

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TALLAHASSEE, FLORIDA

**Title/ Capacity**

Name

Address

Type of Action

☐ Add

 Remove

☐ Add☐ Remove☐ Add

 Remove

☐ Add

☐ Remove

☐ Add

☐ 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

# Joan O. Lenahan

Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

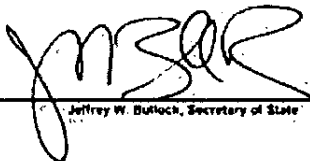
Page 1

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 AMENDMENT OF "HUMANAVITALITY, LLC", CHANGING ITS NAME FROM "HUMANAVITALITY, LLC" TO "GO365, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF OCTOBER, A.D. 2016, AT 4:20 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTIETH DAY OF OCTOBER, A.D. 2016.

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2016 NOV -1 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

4921345 8100  
SR# 20166276050

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203191208  
Date: 10-19-16

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:20 PM 10/19/2016  
FILED 04:20 PM 10/19/2016  
SR 20166276050 - File Number 4921345

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: HumanaVitality, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:  
The name of the limited liability company is Go365, LLC
3. This amendment to the Certificate of Formation is effective October 20, 2016.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 19<sup>th</sup>  
day of October A.D. 2016

By:

Joan O. Lenahan  
Authorized Person

Name: Joan O. Lenahan  
Print or Type

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