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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homeland HealthCare

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:

Shelley Molge

Name of Person

Homeland HealthCare

Firm/Company

825 Market Street, Suite 300

Address

Allen, TX 75013

City/State and Zip Code

shelley.molge@homelandhealthcare.com

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

For further information concerning this matter, please call:

Shelley Moge

at (469) 324-5240

Name of Person

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



825 Market Street, Suite 300
Allen, TX 75013
(214) 871-2118

VIA FEDERAL EXPRESS

December 19, 2013

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Level One Health, LLC – Application By Foreign Limited Liability Company to File
Amendment to Application for Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed please find the following;

1. An executed copy of an Application By Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business In Florida;
2. A completed Cover Letter form;
3. a Certified Copy of the Amendment as filed in the State of Delaware (domicile state);
4. a check in the amount of \$25 payable to the Florida Department of State; and
5. a copy of the filing and self-addressed Federal Express return envelope.

Please mark the copy “received” and return it directly to me in the enclosed Federal Express envelope.

Please notify me if you have questions regarding this information.

Very truly yours,

A handwritten signature in black ink that reads "Shelley Molge". The signature is fluid and cursive, with the first and last names being clearly legible.

Shelley Molge
Paralegal
Shelley.Molge@HomelandHealthCare.com

The information contained in this letter is confidential. It is protected by law, and contains trade secret information, and commercial or financial information the disclosure of which would cause substantial competitive harm.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION 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: Level One Health, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 4/10/2012

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

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? December 18, 2013

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

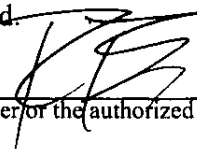
Health Source One Insurance Group, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: n/a

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a

9. Attached is an original certificate, 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 a member or the authorized representative of a member

Robert J. Byrnes - President

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

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 "LEVEL ONE HEALTH, LLC", CHANGING ITS NAME FROM "LEVEL ONE HEALTH, LLC" TO "HEALTH SOURCE ONE INSURANCE GROUP, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2013, AT 8:58 O'CLOCK A.M.

38 DEC 20 08:58
SECRETARY OF STATE
DELAWARE

5018644 8100

131440665




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0992364

DATE: 12-18-13

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:58 AM 12/18/2013
FILED 08:58 AM 12/18/2013
SRV 131440665 - 5018644 FILE

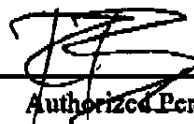
STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Level One Health, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the limited liability company is:
Health Source One
Insurance Group, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 17th day of December, A.D., 2013.

By: _____



Authorized Person(s)

Name: Robert J. Bynes

Print or Type