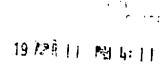
H1400003098

| (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: |
| |
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| |

Office Use Only



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APPROVED AND FILED CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Lydia Cohen -- EXT#

ACCOUNT NO. : I2000000195 REFERENCE, COST LIMIT \$ 25.00 ORDER DATE : April 11, 2019 ORDER TIME : 3:10 PM ORDER NO. : 723205-025 CUSTOMER NO: 8134570 FOREIGN FILINGS NAME: HUMAN CAPITAL SELECT, 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

EXAMINER:

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Human Capital Select, LL | |
| Name of Foreign Limited | Liability Company |
| Dear Sir or Madam: | |
| The enclosed application, certificate and fee(s) are submit | ted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Attn: Legal Department | |
| Name of Person | |
| Lotus Workforce, LLC | |
| Firm/Company | 2019 |
| 5930 Cornerstone Court West, Ste. #3 | BOO FINANCE FOR THE PART OF TH |
| Address | |
| San Diego, CA 92121 | FILED FILED AN IO: 00 PART AIR SEE SEE SEE SEE SEE SEE SEE SEE SEE SE |
| City/State and Zip Code | - |
| legalprocess@ayahealthcare.com | 1 |
| E-mail address: (to be used for future annual report noti | |
| For further information concerning this matter, please call | |
| Legal Department 858 | |
| at (| 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 |
| Certificate of Status Cer | Filing Fee & S60 Filing Fee, tified Copy Certificate of Status & Certified Copy |
| CR2E055 (9/15) | •• |

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)

| Name of limited liability Company as it appear State: Human Capital Select, LLC | | Department of | |
|---|--|--|----------|
| Enter new principal office address, if applicable: | | | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| 2. The Florida document number of this limited lia | ability company is: M14000 | 003098 | |
| 3. Jurisdiction of its organization: Arizona | | 三 三 三 | , |
| 4. Date authorized to do business in Florida: 05. | /06/2014 | | |
| SECTION 11 (5-9 complete only the applicable | | 그것 : | |
| 5. New name of the limited liability company: L | otus Workforce, LLC st contain "Limited Liability Co | many ""I I C "or "I I C" | 00 |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. of the contain "Limited Liability Company," "L.L. of the contain the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address: | enaging members adopting the a C." or "LLC.") red officer address on our record address here: Enter Florid | ternate name. The alternate name, s, enter the name of the new | a ime |
| | 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

| . If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: | | | | | |
|--|--|------------------------------------|----------------|--|--|
| le/ Capacity | Name | Address | Type of Action | | |
| | | | ∏Add | | |
| | | | Remove | | |
| | | | Add | | |
| | | | Remove | | |
| | | | 2039 APR 1 | | |
| | | | Remove. | | |
| | | | Remove | | |
| | | | Add | | |
| Attached is a certif | icate, if required: no more than 90 d | ays old, evidencing the | Remove | | |
| aforementioned am jurisdiction under t | endment(s), duly authenticated by the law of which this entity is organi | he official having custody of reco | ords in the | | |

Typed or printed name of signee

Filing Fee: S25.00



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF AN ARIZONA LIMITED LIABILITY COMPANY "HUMAN CAPITAL SELECT, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "LOTUS WORKFORCE, LLC", WAS FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018, AT 7:36 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF
THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

APPROVED
AND
FILED
2019 APR 11 AM 10: 00
SECRETARIES OF THE



Authentication: 202626237

Date: 04-11-19

7170092 8317F SR# 20192762198