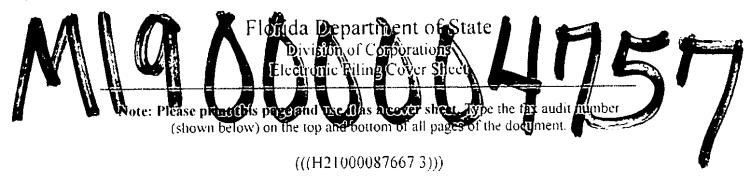
3/3/2021

Division of Corporations



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INNOVACARE SERVICES COMPANY LLC

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5

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 appear	s on the records of the Florida Department of
State: InnovaCare Services Company, LLC	Leave Care Carriage Company LLC
Enter new principal office address, if applicable:	InnovaCare Services Company, LLC
(Principal office address	121 S Orange Ave Ste. 940
MUST BE A STREET ADDRESS)	Orlando, FL 32801
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
2. The Florida document number of this limited lia	ability company is: M1900004757
4. Date authorized to do business in Florida: 05/1	3/2019
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	. Florida
	City Zip Code
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 4

8. If the amendment c	3. If the amendment changes person, title or capacity in accordance with 605,0902(1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of A		
			□R		
			_		
			DF		
			_		
aforementioned ar	the law of which this entity is organi	ne official having custody of records in trized.	□I		
	Michael J. Sortino				