

M20000003272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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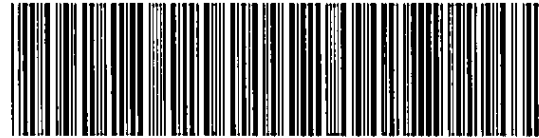
(Business Entity Name)

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**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of **MEDICARE ADVISOR LLC**

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

INDIANA

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

MEDICARE IN MOTION LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability
Company, L.L.C., or LLC.)


Signature Authorized Person


Date

Thank you.

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May 14, 2020

SUBJECT: MEDICARE ADVISOR LLC
Ref. Number: M20000003272

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