that my name appears above, or on an attachment with all other like empowered. 10/02/2020

ADMINISTRATOR

SIGNATURE: CORNELIUS M MCKEE

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

203 DEN HELDER AVE ELLENTON, FL 34222 US

FEI Number: 83-2186771

Name and Address of Current Registered Agent:

MCKEE, CORNELIUS M 203 DEN HELDER AVE ELLENTON, FL 34222 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: CORNELIUS M MCKEE			10/02/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CEO	Title	ADMINISTRATOR	
Name	MCKEE, GRACE	Name	MCKEE, CORNELIUS M	
Address	203 DEN HELDER AVE	Address	203 DEN HELDER AVE	
City-State-Zip:	ELLENTON FL 34222	City-State-Zip:	ELLENTON FL 34222	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

FILED Oct 02, 2020

Secretary of State

3542270572CR

Certificate of Status Desired: Yes

Date

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: NEO HOME HEALTH CARE LLC **Current Principal Place of Business:**

DOCUMENT# L18000249187

203 DEN HELDER AVE ELLENTON. FL 34222