



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/08/2026	202600602472	Miscellaneous Filing (MIS)	25.00	0.00	0.00	0.00

Receipt

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METZ LEWIS BRODMAN MUST O'KEEFE LLC
444 LIBERTY AVENUE, SUITE 2100
PITTSBURGH, PA 15222

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5250109

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SUNNY DAYS IN-HOME CARE OHIO

and, that said business records show the filing and recording of:

Document(s)

Miscellaneous Filing

Document No(s):

202600602472

Effective Date: 01/06/2026



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
8th day of January, A.D. 2026.

Ohio Secretary of State

Form 558 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Change of Registrant Name

Filing Fee: \$25**(180-RNN)****Form Must Be Typed****(CHECK ONLY ONE (1) BOX)**☒ Fictitious Name☐ Mark of Ownership☐ Trademark☐ Trade Name☐ Service MarkName of Current Registrant Registered Name or
Description of MarkRegistration No. of Name or Mark **Change of Registrant's Name has occurred by:**☐ Certificate of Merger☐ Certificate of Consolidation☐ Certificate of Conversion☐ Statement of Qualification☒ Certificate of Amendment, Restatement, Correction, or Cancellation☐ Change of registrant's name in foreign entity's jurisdiction of formation
(this applies to a foreign entity not on the records in Ohio)☐ Legal Name Change

Provide new information

Sunny Days In-Home Care Ohio, LLC

Name

3895467

Charter/License/Registration Number (If registrant is a business entity registered in Ohio)

6545 MARKET AVENUE N., STE 100

Mailing Address

NORTH CANTON

City

Ohio

State

44721

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Document must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

SUNNY DAYS FAMILY HOLDINGS LLC, SOLE MEMBER

Signature

DAVID ELLENWOOD, PRESIDENT OF SUNNY DAYS FAMILY HOLDINGS LLC

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name