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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email	Address:					

COR AMND/RESTATE/CORRECT OR O/D RESIGN MYNEXUS, INC. OF FLORIDA

Certificate of Status	. 0
Certified Copy	1
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PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F15000000477

•	(Document numb	er of corporation (if k	nown)		
MyNexus, Inc.					
(Nam	e of eneporation as it appear			ie)	
Delaware		3, 02/05/2015			
(Incorporated t	inder laws of)	(Dat	e authorized to do b	usiness in Flori	ia)
	S (4-7 COMPLETE ONLY	ECTION II THE APPLICABL	E CHANGES)		
If the amendment changes the name incorporation? March 1, 2023	e of the corporation, when v	vas the change effected	d under the laws of i	ts jurisdiction o	t [*]
Carelon Post Acute Solutions, Inc.					
(Name of corporation after the amonot contained in new name of the c	endment, adding suffix "cor corporation)	poration," "company,"	for "incorporated,"	or appropriate a	bbieviation.
(If new name is unavailable in Flori	da, enter alternate corporate	name adopted for the	purpose of transact	ing business in	Florida)
If the amendment changes the	period of duration, indicate	new period of duratic	on.		
	()	lew duration)			<u>ទ</u>
If the amendment changes the	jurisdiction of incorporation	ı, indicate new jurisdi	ction		
	(Ne	w jurisdiction)			
If amending the registered agent new registered agent and/or the r			ter the name of the	-	
Name of New Registered Agen	<u> </u>				
	(Florida	street address)	·		
New Registered Office Address		City)	, Florida_	(Zip Code)	_
New Registered Agent's Signatu	re, if changing Registered	Agent:			
Liberary accept the appointment as	registered agent. I am fai	niliar with and accept	the obligations of ti	ie position.	
the CAL	v Registered Agent, if chang		_		

9.	If the amendment cha	anges person, little or	r capacit	y in accordance	with 607	1504 (4).	indicate th	at change

Title Capacity	Name	<u>Address</u>	Type of Action
-			Add
			l Remove
 -			Add
			L.Remove
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			L_Remove T
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			I Remove
. Attached is a co- of the application under the laws o	rtificate or document of similar import, c n to the Department of State, by the Secret if which it is incorporated	videncing the amendment, authenticate ary of State or other official having custo	

Jan Eller (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) SECRETARY JOE DAVIS

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MYNEXUS, INC.", FILED

A RESTATED CERTIFICATE, CHANGING ITS NAME TO "CARELON POST ACUTE

SOLUTIONS, INC." ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2023,

AT 3:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE FIRST DAY OF MARCH,

A.D. 2023.



Authentication: 203042777

Date: 03-30-23

5623282 8320 SR# 20231224403

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