# F62000005889

(F	Requestor's Name)	
A)	Address)	
A)	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(C	Pocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fil	ling Officer:	

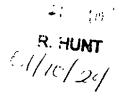
Office Use Only



500421306535







### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/10/2024			⇔u	ALK IN**
ENTITY NAMENCH MA	NAGEMENT SYSTEMS, INC.			
DOCUMENT NUMBER				
	**PLEASE FILE THE ATTACHED AND RETURN**			
XXXXXX	Plain Copy Certified Copy Certificate of Status	1.05.57A	. 110 P# 2:	
**P[	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTI	T.E.	±	_
	Certified Copy of Arts & Amendments Certificate of Good Standing			_
	**APOSTILLE' / NOTARIAL CERTIFICATION**			
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION	DNES REQUESTED			
TOTAL OWED \$35.00	ACCOUNT #: I201	60000072		

S R FM

#### COVER LETTER

<del>,</del>		of Corporation		-
	MBER: F02000005889			_
	idment and fee are submitted for			
Please return all co	rrespondence concerning this ma	tter to the following:		
	Name of Contact Person			
	Firm/Company	<del></del>		ب بد
	Address			· · ·
_	Addicas			- F
	City/State and Zip Code		EE FL	110 PM 2:44
E-mail addre	ss: (to be used for future annual r	eport notification)	m	£
For further informa	ation concerning this matter, plea			
		at () Area Code & Daytime	Talanhana Numbar	_
Namo	e of Contact Person	Area Code & Daytime	reichnone Number	
Enclosed is a cheel	k for the following amount:			
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Certificate of St Certified Copy	

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

#### Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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)

F02000005889

(Name of corporation as it a	ppears on the records of the Depar	tment of State	2)		
,					
California	311/25/2002	<del> </del>	,		
(Incorporated under laws of)	(Date autho	rized to do bu	isiness in l	ногі <b>да</b> )	
/4.7.C()34BI ETE (	SECTION II ONLY THE APPLICABLE CHA	NGFS)			
·					
If the amendment changes the name of the corporation, w	then was the change effected under	the laws of it	ls jurisdict	ion of	
incorporation? December 22, 2023					
Evolent Specialty Services, Inc.					
(3) C					
(Name of corporation after the amendment, adding surns	c "corporation," "company," or "in	corporated," (	or appropr	iate abb	reviation
(Name of corporation after the amendment, adding suffix not contained in new name of the corporation)	c "corporation," "company," or "in	corporated," (	or appropr	iate abb	reviation
(If new name is unavailable in Florida, enter alternate cor	porate name adopted for the purpo				
(If new name is unavailable in Florida, enter alternate cor	porate name adopted for the purpo				
(If new name is unavailable in Florida, enter alternate cor	porate name adopted for the purpo				
(If new name is unavailable in Florida, enter alternate cor	porate name adopted for the purpo				
(If new name is unavailable in Florida, enter alternate cor.)  If the amendment changes the period of duration, inc.	porate name adopted for the purpodicate new period of duration.  (New duration)				
(If new name is unavailable in Florida, enter alternate cor	porate name adopted for the purpodicate new period of duration.  (New duration)				
(If new name is unavailable in Florida, enter alternate cor-	porate name adopted for the purpodicate new period of duration.  (New duration)  oration, indicate new jurisdiction.				
(If new name is unavailable in Florida, enter alternate cor-	porate name adopted for the purpodicate new period of duration.  (New duration)				
(If new name is unavailable in Florida, enter alternate cor.)  If the amendment changes the period of duration, inc.  If the amendment changes the jurisdiction of incorp.	porate name adopted for the purpo dicate new period of duration.  (New duration)  oration, indicate new jurisdiction.  (New jurisdiction)				
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(If new name is unavailable in Florida, enter alternate core).  If the amendment changes the period of duration, inc.  If the amendment changes the jurisdiction of incorp.  If the amendment changes the jurisdiction of organization.	dicate new period of duration.  (New duration)  oration, indicate new jurisdiction.  (New jurisdiction)  on, indicate new jurisdiction:	se of transact	ing busine	ress in Fl	
(If new name is unavailable in Florida, enter alternate cores.  If the amendment changes the period of duration, inc.	dicate new period of duration.  (New duration)  oration, indicate new jurisdiction.  (New jurisdiction)  on, indicate new jurisdiction:	se of transact			

Title/ Capacity	Name	Address	Type of Action
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<ol> <li>Attached is a certif of the application to under the laws of w</li> </ol>	Teate or document of similar import, evid to the Department of State, by the Secretary which it is incorporated.	encing the amendment, authenticated is of State or other official having custody	not more than 90 days prior to delivery of corporate records in the jurisdiction
	(Signature of a director,	president or other officer - if in the had t appointed fiduciary, by that fiduciary	ods of
Jonathan Weint		Secretary	•
(Тур	ed or printed name of person signing)	(Title of pe	erson signing)

FILING FEE \$35.00



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: EVOLENT SPECIALTY SERVICES, INC.

Entity No.: 2373483 Registration Date: 01/15/2002

Entity Type: Stock Corporation - CA - General

Formed in: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

SEAL OF THE OF T

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of January 09, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 171863935

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.