F04000066666

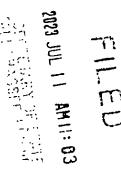
	(Requestor's Name)
	(Address)
	(/ (33)
	(Address)
	(City/State/Zip/Phone #)
	(Only Otalio Elp/Filotie #)
PICK-UP	WAIT MAIL
L FICK-OF	I ANVIE
	(Business Entity Name)
	(2000) CIRLY (101110)
	(Document Number)
Certified Copies	Certificates of Status
Continuo Copies	
Special Instructions to	Filing Officer:
Special instructions to	ruing Officer.
	!
	

Office Use Only



300411829473

NIC Amena





A RAMSEY JUL 12 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	' NO. :	I200000	000195	
		REFER	ENCE :	789642	8141746	
		AUTHORIZA	TION :		7.	
		COST L	IMIT :	\$ 35.00	Kenan	- -
ORDER I	DATE :	June 2, 202	3			
ORDER 1	ΓΙΜΕ :	9:18 AM				
ORDER 1	: . OV	789642-055				
CUSTOM	ER NO:	8141746				
		FORE	IGN FIL	<u>INGS</u>		
	NAME:	ABILITY	NETWORK	INC.		
	LIMITED	ATE) PARTNERSHIP) LIABILITY C				
MA XXXX	MENDMEN	IT				
PLEASE	RETURN	THE FOLLOWI	NG AS PI	ROOF OF E	FILING:	
XX	PLAIN	FIED COPY STAMPED COP FICATE OF GO		DING		

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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)

F04000006616

(Document nun	nber of corporation (if known)	28
Ability Network Inc.		第二十
(Name of corporation as it appe	ears on the records of the Department of State)	数三元
2. Delaware	3. 11/19/2004	30 B
(Incorporated under laws of)	(Date authorized to do busi	ness in Florida)
(4-7 COMPLETE ONI	SECTION II LY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation, when incorporation? 05/19/2023	n was the change effected under the laws of its j	urisdiction of
5. Inovalon Provider, Inc.		
(Name of corporation after the amendment, adding suffix "conot contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporation)		
6. If the amendment changes the period of duration, indica	tte new period of duration.	
	(New duration)	
7. If the amendment changes the jurisdiction of incorporati	ion, indicate new jurisdiction.	
(2)	New jurisdiction)	
8. If the amendment changes the jurisdiction of organization, in	indicate new jurisdiction:	
9. If the amendment changes person, title or capacity in accordan	unce with 607.1504 (4), indicate that change:	

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
	<u>.</u>		DAdd
	-		□Remove
			□Add
			□Remove
			DAdd
	-		□Remove
			□Add
	-		□Remove
			DAdd
	_		Remove
Attached is a certifi of the application to under the laws of w		encing the amendment, authenticated not moof State or otherofficial having custody of c	nore than 90 days prior to delive corporate records in the jurisdiction
	Bevery Allen		
_	(Signature of a director, a receiver or other court	president or other officer - if in the hands of appointed fiduciary, by that fiduciary)	of
	Beverly Allen	Secretar	y
(Туре	ed 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 "ABILITY NETWORK
INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"INOVALON PROVIDER, INC." ON THE SIXTEENTH DAY OF MAY, A.D.
2023, AT 2:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE NINETEENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 203675024

Date: 07-03-23

4876314 8320 SR# 20232914820