

F0500004731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

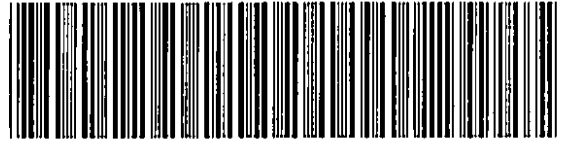
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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State of Florida
Tallahassee, Florida

SEP 2 2019

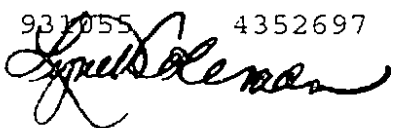
T. SCHROEDER

CW

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 931055 4352697

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : September 23, 2019

ORDER TIME : 9:02 AM

ORDER NO. : 931055-040

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: HUMANA BEHAVIORAL HEALTH, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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

SECTION I

F05000004731

(Document number of corporation (if known))

1. Humana Behavioral Health, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Texas 3. 08/15/2005
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 09/05/2019
5. Humana Benefit Plan of Texas, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

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

Joseph M. Ruschell

(Typed or printed name of person signing)

Assistant General Counsel & Assistant Corporate Secretary

(Title of person signing)

FILED
18 SEP 25 PM 2:14
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA
LOS ANGELES

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on September 05, 2019, Humana Behavioral Health, Inc., a Domestic For-Profit Corporation (file number 67175000), changed its name to Humana Benefit Plan of Texas, Inc.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 24, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State