

To:

Page: 2 of 5

2023-01-12 13:21:22 CST

12122023573

From: David Thomas

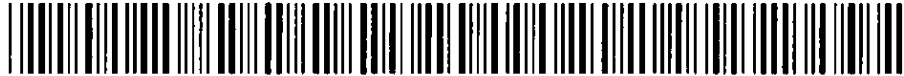
1/12/23, 2:17 PM

FOL 000004511

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000015925 3)))



H230000159253AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0345
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: _____

FILED
2023 JAN 12 AM 9:09
TALLAHASSEE, FL

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ANTHEM UM SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

RECEIVED
2022 JAN 12 PM 3:18

Electronic Filing Menu

Corporate Filing Menu

Help

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)

F06000004511

(Document number of corporation (if known))

1. ANTHEM UM SERVICES, INC.

(Name of corporation as it appears on the records of the Department of State)

2. Indiana

3. 07/03/2006

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 01/01/2023

5. AUMSI UM Services, 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. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
 2023 JAN 12 AM 9:09
 SECRETARY OF STATE
 TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title</u>	<u>Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	_____	Add
_____	_____	_____	_____	Remove
_____	_____	_____	_____	Add
_____	_____	_____	_____	Remove
_____	_____	_____	_____	Add
_____	_____	_____	_____	Remove
_____	_____	_____	_____	Add
_____	_____	_____	_____	Remove

FILED

2023 JAN 12 AM 9:09

DEPARTMENT OF STATE
TALLAHASSEE, FL

10. 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

/s/ Kathleen S. Kiefer

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

Kathleen S. Kiefer

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

State of Indiana
Office of the Secretary of State

CERTIFICATE OF FACT

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

AUMSI UM SERVICES, INC.

filed Amended and Restated Articles on December 27, 2022 with the effective date of January 01, 2023 changing their name from Anthem UM Services, Inc. to Aumsi UM Services, Inc.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 03, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2001012500015 / 20232940598

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on February 03, 2023.