

FO8000003542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

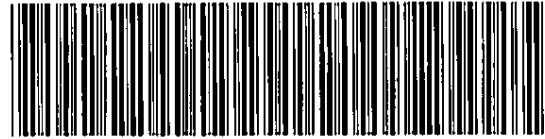
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2020 OCT 23 PM 2:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
2020 OCT 23 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKEP

OCT 26 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 454135 7239220

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : October 12, 2020

ORDER TIME : 1:16 PM

ORDER NO. : 454135-080

CUSTOMER NO: 7239220

FOREIGN FILINGS

NAME: MAXIMUS HEALTH SERVICES, INC.

☒ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

FILED
 2020 OCT 23 AM 10:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

David R. Francis

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

David R. Francis

(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, CONNIE LAWSON, 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

MAXIMUS US SERVICES, INC.

filed Articles of Amendment on September 30, 2020, changing their name from Maximus Health Services, Inc. to Maximus US Services, Inc. and is currently active and in good standing with our office.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 21, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2007060700050 / 20201679104

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

Expires on November 20, 2020.