F08000003542

(Re	questor's Name)			
(Add	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PłCK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF CTATE
TALL ASASSET, FILLAGIA

Y SULKEP OCT 2 6 2020 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 454135 7239220 AUTHORIZATION : COST LIMIT : ORDER DATE: October 12, 2020 ORDER TIME : 1:16 PM ORDER NO. : 454135-080 CUSTOMER NO: 7239220 FOREIGN FILINGS NAME: MAXIMUS HEALTH SERVICES, 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

EXAMINER: ____

CONTACT PERSON: Amanda Robinson -- EXT# 62968

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)

F08000003542

(D	Document number of corporation (if known)
MAXIMUS Health Services, Inc.	
(Name of corporat	tion as it appears on the records of the Department of State)
_n Indiana	3 08/12/2008
(Incorporated under laws of	
(4-7 COMI	SECTION II PLETE ONLY THE APPLICABLE CHANGES)
 If the amendment changes the name of the corporation? 09/30/2020 	oration, when was the change effected under the laws of its jurisdiction of
Maximus US Services, Inc.	
(Name of corporation after the amendment, add not contained in new name of the corporation)	ling suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if
(If new name is unavailable in Florida, enter alte	ernate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of du	ration, indicate new period of duration.
	(New duration)
7. If the amendment changes the jurisdiction of	of incorporation, indicate new jurisdiction.
	(New jurisdiction)
8. If the amendment changes the jurisdiction of or	rganization, indicate new jurisdiction:
9. If the amendment changes person, title or capaci	ity in accordance with 607,1504 (4), indicate that change:

Title/ Capacity	Name .	Address	Type of Action
			DAdd
			□Remove
			DAdd
			□Remove
			□Add
			_ ORemover OC T
			□ □ Add □ Remove □ □ Add □ □ Remove □ □ Remove □ □ Remove
			CRemove
			⊡Add
			□Remove
O. Attached is a confidence of the application under the laws	ertificate or document of similar import, evidon to the Department of State, by the Secretary of which it is incorporated.	dencing the amendment, authenticated not n y of State or otherofficial having custody of o	nore than 90 days prior to delivery corporate records in the jurisdiction
	(Signature of a director	r, president or other officer - if in the hands out appointed fiduciary, by that fiduciary)	of
David R. Fra		Secretary	
(Typed or printed name of person signing)	(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

Corrie Lauren

CONNIE LAWSON
SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on November 20, 2020.