## Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

\*\*Enter the email address for this business entity to be used for future

<del></del>	<del></del>	REGISTERED AGENT CHANGE		: 07
•	ســـ - ـ نا .	Email Address:		H
		annual report mailings. Enter only one email address please.**	555 753 753 753 753 753 753 753 753 753	င်္မ

## HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM **SERVICE**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$43.75

Corporate Filing Menu

Help

## https://efile.sunbiz.org/scripts/efiloovr.exe

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi tion organized under the laws of the State of <mark>Delaware</mark> tor registered agent, or both, in the State of Florida.	·s			
	he corporation:	ITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC.				
2. The principal	office address: 500 West Main S	Street, Louisville, KY 40202	<del></del>			
3. The mailing a	ddress (if different):					
4. Dateofincorp	oration/qualification: 06/05/20	Document number: F13000002436				
	I street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file with the erresigned)				
	CORPORATION SERVICE CO	OMPANY				
	1201 HAYS STREET					
	TALLAHASSEE, FL 32301-25	25	202 			
6. The name and (ifchanged):	I street address of the new regis	stered agent (if changed) and /or registered office	ZAUG -3 CRETARY LAHASSE			
	C T Corporation System					
	1200 South Pine Island Road					
		P.O. Box NOT acceptable	- 0			
	Plantation, Florida 33324					
The street address changed will	ess of its registered office and the identical.	the street address of the business office of its registered	d agent,			
Such change we authorized by the	is authorized by resolution dulie board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.				
See d	land	Joe Davis, Vice President				
• "	re of an officer or director	Printed or typed name and title				
I further agrée i of my duties, an document is bei corporation has	to comply with the provisions of d I am familiar with and accep ny filed merely to reflect a cha been notified in writing of thi	agent and agree to act in this capacity, of all statutes relative to the proper and complete perfort the obligation of my position as registered agent. Of any in the registered office address, I hereby confirm is change.	r. if this			
CT Corporation	System	08/01/2022				
Sig	ntun of Registered Agem	Date				
If signing on he	half of an entity: red Younan					
	ant Secretary—					
	pea or ranged range					

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: