

F17000000060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____

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600426909296

Amend

FILED

2024 APR -9 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 APR -9 PM 3:31
TALLAHASSEE, FLORIDA

A. RAMSEY
APR 10 2024

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/09/2024
Acc#120160000072

mic SW

Name:	TRILOGY HOME HEALTHCARE SW FL, INC.
Document #:	
Order #:	15482466 - 33

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TRILOGY HOME HEALTHCARE SW FL, INC.

Name of Corporation

DOCUMENT NUMBER: F1700000060

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caitlin Vanover

Name of Contact Person

Firm/Company

500 West Main Street

Address

Louisville, KY 40202

City/State and Zip Code

evanover2@humana.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caitlin Vanover

Name of Contact Person

at (502) 741-0301

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

F1700000060

(Document number of corporation (if known))

FILED
2024 APR -9 AM 9:07
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

1. TRILOGY HOME HEALTHCARE SW FL, INC.

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

2. Delaware

(Incorporated under laws of)

3. 01/05/2017

(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? _____

5. _____
(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: _____, Florida _____
(City) (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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P & D	Susan Elizabeth Benoit	500 West Main Street	Add
		Louisville, KY 40202	<input checked="" type="checkbox"/> Remove
P & D	Lloyd Kirk Allen	500 West Main Street	<input checked="" type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
OTH	John Whitney Nichols	500 West Main Street	<input checked="" type="checkbox"/> Add
Authorized Signatory, Licensure and Certification		Louisville, KY 40202	<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove

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.



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

Joseph Matthew Ruschell

Vice President, Associate Gen. Csl. & Corp. Secy.

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00