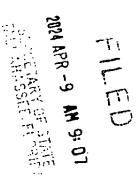


-
(Requestor's Name)
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(850) 656- 4724 3458 lakesore Drive Taliahassee, FL 32312

04/09/2024

D	ate: 04/09/2024
	Acc#I20160000072
Name:	TRILOGY HOME HEALTHCARE SW FL, INC.
Document #:	
Order #:	15482466 - 33
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
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Thank you!

COVER LETTER

	ent Section Division of Corporation			
SUBJECT: TRILO	OGY HOME HEALTHCARE SV	/ FL, INC.		
	Name	e of Corporation		
DOCUMENT NU	MBER: F1700000060			
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
Caitlin Vanover				
	Name of Contact Person			
	Firm/Company			
500 W M C.				
500 West Main Str	Address			
Louisville, KY 402	202			
	City/State and Zip Code			
cvanover2@humar				
E-mail addre	ss: (to be used for future annual r	eport notification)		
For further informa	ation concerning this matter, plea-	se call:		
Caitlin Vanover		at ()	11-0301	
Name	of Contact Person	Area Code &	Daytime '	l'elephone Number
Enclosed is a check	k for the following amount:			
\$35 Filing Fee	_l \$43.75 Filing Fee & Certificate of Status	⊠ \$43.75 Filing Certified Copy	Fee &	☐ \$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

F1700000060

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)

	(Docume	ent number of	corporation (if k	nown)	_	
TRILOGY HOME HEALTHC	ARE SW FL, INC.					
4)	Name of corporation as	it appears on t				
Delaware			301/05/2017	7	o do business in	
(Incorporat	ted under laws of)		(Dat	e authorized to	o do business in	Florida)
	(4-7 COMPLETE	SECTI E ONLY THI		E CHANGES	(i)	
If the amendment changes the n incorporation?					vs of its jurisdic	tion of
(Name of corporation after the not contained in new name of t	amendment, adding suf he corporation)	ffix "corporati	on," "company,"	or "incorpora	ited." or approp	riate abbreviation.
[If new name is unavailable in F	Florida, enter alternate c	corporate nam	e adopted for the	: purpose of tra	ansacting busin	ess in Florida)
If the amendment changes	the period of duration,	indicate new	period of duratio	on.		
		(New de	uration)		-	
If the amendment changes	the jurisdiction of inco	orporation, ind	icate new jurisdi	ction.		
		(New jur	isdiction)			
If amending the registered ag new registered agent and/or t			s in Florida, en	ter the name o	of the	
Name of New Registered A	lgent					
		(Florida stree	t address)			
New Registered Office Addre	<u>ess</u> :	(Circl)		Flo	orida <u>(Zip Co</u>	
		(City)			(zip Co	uc)
New Registered Agent's Sign I hereby accept the appointmen	nature, if changing Report as registered agent. New Registered Agent,	I am familiar	nt: with and accept	the obligation	s of the positio	n.

11.021 - 04/20/2020 Wollers Klower Cin

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

Title/ Capacity	y <u>Name</u>	<u>Address</u>	Type of Action
P & D	Susan Elizabeth Benoit	500 West Main Street	Add
		Louisville, KY 40202	l×Remove
P & D	Lloyd Kirk Allen	500 West Main Street	×Add
		Louisville, KY 40202	L. Remove
отн	John Whitney Nichols	500 West Main Street	∠ Add
Authorized Signatory, Licensure and Certification		Louisville, KY 40202	
			Add
			L.Remove
			Add
10. Attached is of the application under the la	a certificate or document of simila cation to the Department of State, by two of which it is incorporated.	r import, evidencing the amendment, authentics the Secretary of State or other official having cu	sted not more than 90 days prior to delivery stody of corporate records in the jurisdiction
	(Signature	" الاستطالية e of a director, president or other officer - if in the r or other court appointed fiduciary, by that fidu	ne hands of
Joseph M	Matthew Ruschell a receive	r or other court appointed fiduciary, by that fidu Vice Presid	ciary) lent, Associate Gen. Csl. & Corp. Secy.
	/Typed or printed name of perso	n signing) (Title	of person signing)

FILING FEE \$35.00