Division of Corporations

To:



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(((H220002623213)))



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To:

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Division of Corporations

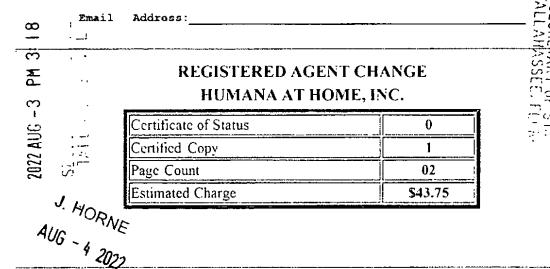
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



Electronic Filing Menu

Corporate Filing Menu

Help

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

1. The name of	the corneration. HUMANA AT HO	ME, INC	
The name of the corporation: HUMANA AT HOME, INC The principal office address: 500 West Main Street, Louisville, KY 40202			
3. The mailing a	nddress (if different):		
4. Date of incorporation/qualification: 06/21/2017 Document number: F170000028		···-	
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	CORPORATION SERVICE COMP	PANY	
	1201 HAYS STREET		SEC
	TALLAHASSEE, FL 32301-2525		AHA
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	ECRETARY OF S LLAHASSEEL FI
	CT Corporation System		
	1200 South Pine Island Road		• ::
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regis	tered ager
Such change wanthorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	r so
See 1	D. S.	Joe Davis, Vice President	
	ic of an officer or disector	Printed or typed name and title	
I further agrée of my duties, ai document is hei	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a chang s been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and complete p he obligation of my position as registered agen e in the registered office address, I hereby conf vange.	performar it. Or, if th firm that t
47 (1) 43	ı Şystem		

Alfred Younan

Assistant, Secretary

* * * 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)

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