Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN BEACON HEALTH OPTIONS CARE SERVICES, INC.

Certificate of Status	0
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Electronic Filing Menu — Corporate Filing Menu



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)

F18000002935

	((Document number of	corporation (if known)	<u>.</u>	
Beacon Health Option	ns Care Services, Inc.				
	(Name of corpor	ration as it appears on	the records of the Depa		
Delaware			3 06/21/2018		
(Incorporated under laws	ot)	(Date autho	orized to do business	in Florida)
		SECT	ION II		
	(4-7 CON	MPLETE ONLY TH	E APPLICABLE CIL	ANGES)	
	inges the name of the cor	poration, when was th	e change effected unde	r the faws of its jurisd	ection of
incorporation" Marel	h 1, 2023				
Carelon Behavioral C	are, Inc.				22
(Name of corporation	n after the amendment, ac nume of the corporation	dding suffix "corporati	ion," "company," or "in	corporated," or appro	priate abbreviation
not contained in new	name of the corporation	1			
It nave name is unave	ndable in Florida, enter a	lternate cornorate nam	e adopted for the purpo	ise of transacting busi	iness in Florida)
If the amendmen	nt changes the period of c	furation, indicate new	period of duration		: :
					?
		(New d	uration)		<u>171</u>
		(.1011 a	in accord		
Ra . I .	and the same of the same		tana arang ara		
ii the amendmen	ne changes the jurisdiction	и от теогрогацов, тва	teate new jurisdiction		
		(New jur	isdiction)		
	<u>istered agent and/or re</u> it and/or the new <u>regist</u>		is in Florida, enter the	name of the	
*					
Name of New Re	rgisterea Ageni				•
		(Florida stree		<u> </u>	
		triorida sirce	(COUTESS)		
New Registered Of	ttice Address			, Florida(Zip C	
		(City)		(Zif) C	: KICJ
New Registered Ag	ent's Signature, if chan	ging Registered Ager	<u>u:</u> , , ,		
I hereby accept the a	ppointment as registered	l agent Lam familiar	with and accept the ob	nganons of the positi	:>n.
<u></u>					
Sig	mature of New Registere	d Agent, ij changing -			

9. If the amendment changes person, title or capacity in accordance with 607 1504 (4), indicate that change

Title Capacity	<u>Name</u>	<u>Address</u> <u>Ty</u>	rpe of Action
			Add
			1 Remove
			Add
			_ L.Remave
			Add
			L.Remove .
			Add -
			L. Remove
			Add
			1 Remove
 Attached is a cer of the application under the laws of 	tificate or document of similar import, evi to the Department of State, by the Secretar which it is incorporated	denoing the amendment, authenticated not me y of State or other official having custody of co	ore than 90 days prior to delivery riporate records in the jurisdiction
	(Signature of a directo a receiver or other cor	or, president or other officer - if in the bands of urt appointed fiduciary, by that fiduciary)	

FILING FEE \$35.00

SECRETARY

(Title of person signing)

JOE DAVIS

(Typed or printed name of person signing)

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BEACON HEALTH OPTIONS

CARE SERVICES, INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS

NAME TO "CARELON BEHAVIORAL CARE, INC." ON THE TWENTY-THIRD DAY

OF FEBRUARY, A.D. 2023, AT 3:31 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE FIRST DAY OF MARCH,

A.D. 2023.



Authentication: 203042756

Date: 03-30-23