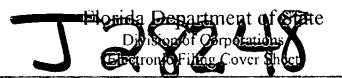
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Division of Corporations



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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.

The contraction of Corporations and the contraction of the contr

REGISTERED AGENT CHANGE HUMANA MEDICAL PLAN, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

To:

By:

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

statement of char	nge is submitted for a corpora	02, 617,0502, 607,1508, or 617,1508, Florida S ation organized under the laws of the State of <u>1</u> ce or registered agent, or both, in the State of F	Florida	his ———	-
1. The name of the	ne corporation: HUMANA M	EDICAL PLAN, INC.			
		a Street, Louisville. KY 40202			_
3. The mailing ac	ldress (if different):		<u> </u>		
		986 Document number: 128248			
	street address of the current ment of State: (If resigned, e	registered agent and registered office on file wit nterresigned)	th the		
	CORPORATION SERVICE O	COMPANY			
	1201 HAYS STREET		SECT	2022 AUG -3	
	TALLAHASSEE, FL 32301-2	2525	LEIM	- 9N	
6. The name and (ifchanged):	street address of the new reg	gistered agent (if changed) and /or registered off	· 第3	PH	
	C T Corporation System		S.E.S.	ယ္ ယ	
	1200 South Pine Island Road		, <u>m</u>	9	
		P.O Box NOT acceptable			
	Plantation, Florida 33324				
The street addre	ss of its registered office and be identical.	d the street address of the business office of its	s register	ed age	nt,
Such change wa authorized by th	s authorized by resolution de board, or the corporation b	uly adopted by its board of directors or by an class been notified in writing of the change.	officer so	0	
See 2	Jan S	Joe Davis, Vice President			
Signatur	of an officer or director	Printed or typed name and titl	k		-
of my duties, and document is bei	d I am familiar with and acc ny filed merely to reflect a co been notified in writing of t	ed agent and agree to act in this capacity, s of all statutes relative to the proper and com ept the obligation of my position as registered hange in the registered office address, I hereb his change.	plete pei l'agent y confiri	rformai Or, if t n that t	ice his he
MATO	3yaciii —	08/01/2022			
	adire of Registered Agent	Date	•		-
If signing on bel Alfred	-				
_	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)