## M110000003591

(Requestor's Name)				
(Address)	<del></del>			
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(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
(220,000 2,000,000,000,000,000,000,000,00				
(Document Number)				
Certified Copies Certificates of S	Status			
Special Instructions to Filing Officer				
Special Instructions to Filing Officer:				
J. HORNE				
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Office Use Only



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April 26, 2024

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Officer and Board of Directors Membership Change

To Whom It May Concern:

Please be advised that Navitus Health Solutions, LLC, (#M11000003591) has had changes in membership to its Board of Directors.

Effective April 1, 2024, the following changes were made to the Board of Directors:

- Carter Dredge removed as the Director
- Joseph Swedish added as Director
- Elizabeth Erickson added as Director

Enclosed is Check No. 060368 in the amount of \$25.00 for the filing fee.

Also, enclosed is the Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company, and the Unanimous Written Consent of Board of Directors of Navitus Holding, Inc., which indicates Mr. Dredge resigned from the Board of Directors for Navitus Health Solutions, LLC ("NHS").

If you have any questions or concerns related to these changes, please feel free to contact me at legal@navitus.com or at 608-298-5863.

Sincerely,

Mitali Chatterjee

Mitali Chatterjee Paralegal

## **COVER LETTER**

TO:	_	stration Section		
	DIVIS	ion of Corporations		
SUBJ	ECT:	Navitus Health Solutions, LLC		
		(Name of	Limited Liability Co	ompany)
The et	nclosed	l member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please	return	all correspondence concerni	ing this matter to	:
Mitali	Chatterj	ee, Paralegal		
		(Contact Person)		<del>_</del>
Navitu.	s Health	Solutions, LLC		
		(Firm/Company)		_
361 Int	tegrity D	r.		
·····		(Address)		<del></del> ,
Madiso	on, WI 5	3717		
		(City/State and Zip Code)		_
For fu	rther is	nformation concerning this m	atter, please call	l:
Mitali	Chatterj	ee	608 at (	298-5863
	(N	ame of Contact Person)		le & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payab	le to the Florida	Department of State for:
	5 Filing	· ·		ng Fee & Certified Copy
		ng Address:		Street Address:
	-	ion of Corporations		Registration Section Division of Corporations
		ion of Corporations Box 6327		The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street. Suite 810
	iana	1143300, 1 12 22217		Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM STODIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability compar	ny as it appears on the records of the Florida Department
of State is: Navit	us Health Solutions, LLC	·
2. The Florida doc	ument/registration numb	per assigned to this limited liability company is:
M11000003591		
3. The date this me	ember/manager withdrev	v/resigned or will withdraw/resign is:
4. I. Carter Dredge (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
Carter Dredge		
	(Print Title)	·
of this limited lia	bility company and affir	m the limited liability company has been notified of my
resignation in wr	iting. Please see at	ttachment in lieu of signature below
Signature of Di	issociating Member or R	Resigning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	