M13000000955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700439046907

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2025 JAN 10 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 10 AM 9:21

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CENTERWELL HEALTH SERVICES (USA), LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

2. The Florida document number of this limited liability company is: M13000000955

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 2/13/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

_____

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

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2025 JAN 10 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
CFO, MGR	Susan Marie Diamond	500 West Main Street	☐Add
		Louisville, KY 40202	☒Remove
MGR	Robert M. Marcoux Jr.	500 West Main Street	☒Add
		Louisville, KY 40202	☐Remove
Vice President, CFO, Home Solutions	Jaclyn M. Murphree	500 West Main Street	☒Add
		Louisville, KY 40202	☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Stephen Rullis, Attorney in Fact

Typed or printed name of signee

Filing Fee: $25.00

Power of Attorney

NOTICE IS HEREBY GIVEN THAT Humana Inc. (the "Company"), a Corporation incorporated under the laws of Delaware, does hereby appoint as attorneys-in-fact for the Company (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Corporation and affiliates and subsidiaries of the Company (including those attached hereto as Exhibit A), specifically incorporated herein by reference ("the Subsidiaries"), in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Company and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants its attorneys-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, assumed name filings/renewals, reinstatements, change entities' registered agent and registered office, amend (add, update or remove, as necessary) officers, directors and/or members, and forms of similar import on behalf of the Company and Subsidiaries in any state, the District of Columbia, US Territories and Canada.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall be permitted, as applicable, to exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Company or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 20th day of December 2024.

Date *Month* *Year*

Signature _____

Name, Title Joseph M. Ruschell, Vice President, Associate General Counsel & Corporate Secretary

Sworn to and subscribed before me this 30th day of December, 2024
Date *Month* *Year*

Signature of Notary _____

Notary Public, State of Kentucky
State

Commission Expires: 04/13/2027
M/D/YYYY

(Seal)

Caitlin Rae Vanover
Notary Public, ID KYNP70542
State at Large, Kentucky
My Commission Expires on April 13, 2027