From: Kaity Toon

8/3/22, 2:22 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

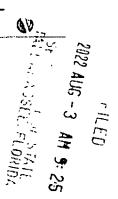
Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

LLC REGISTERED AGENT CHANGE CONVIVA CARE SOLUTIONS II, LLC

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To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	ne of the limited liability company: CONTYN CARD No Change	/L\ 1	No Change
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>'</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	500 West Main Street		
	Louisville, KY 40202		
	12/16/2020	М2	20000011663
(a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	(DDRESS)	
	TALLAHASSEE FL.	32301-2525	
(b)	C T Corporation System		2022 31.
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	2022 AUG -3 AM 9: 24
	NEW Registered Office Address:		
	1200 South Pine Island Road		9: 24
	Plantation .FL	33324	>
cha: ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the Sta the register bility comp f the limited limited liab	red office and the business office of the register pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company.
	are of a member or authorized representative of a member	Joe Dav	ris. Manager Printed or typed name of signee
visi obli	ov occept the appointment as registered agent and our ons of all statutes relative to the proper and complete to the proper agent as provide by reflect a change in the registered office address, I have the properties of this change to the properties of the change of the composition by Alfred Younan	ce to act in performand I for in Che tereby confi	this capacity. I further ugree to comply with the ce of my duties, and I am familian with and accumpter 605, F.S. Or, if this document is being file irm that the limited liability company has been

Assistant Secretary