

M23000010820

(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



400414151064

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 AUG 22 PM 12:40

RECEIVED

2023 AUG 22 AM 9:53

TALLAHASSEE, FLORIDA

2/22/23
HUNT

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 08/22/2023
 Acc#I20160000072

en: c DW

Name:	PMI Acquisition, LLC
Document #:	
Order #:	15089911

Certified Copy of Arts & Amend:	<input type="checkbox"/>	DIVISION OF CORPORATIONS 2023 AUG 22 PM 12:40 FILED	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMI Acquisition, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandy Morgan

Name of Person

UnitedHealth Group

Firm/Company

Address

City/State and Zip Code

sandy_morgan@uhg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Morgan

at (952) 936-5730

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
2023 AUG 22 PM 12:40

**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: PMI Acquisition, 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)*

175 Kelsey Lane, Tampa, FL 33619

2. The Florida document number of this limited liability company is: M23000010820

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/18/2023

2023 AUG 22 PM 12:40

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Christopher M. Leopold	175 Kelsey Lane	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<input type="checkbox"/> Remove
President	Jeannine P. Foster	175 Kelsey Lane	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<input type="checkbox"/> Remove
Asst. Sec <input checked="" type="checkbox"/>	John W. Bencivenga	175 Kelsey Lane	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<input type="checkbox"/> Remove
Treasurer <input checked="" type="checkbox"/>	Peter M. Gill	9900 Bren Road	<input checked="" type="checkbox"/> Add
		Minnetonka, MN 55343	<input type="checkbox"/> Remove
Secretary	Karen E. Bohner	1600 McConnor Parkway	<input checked="" type="checkbox"/> Add
		Schaumburg, IL 60173	<input type="checkbox"/> Remove

HEAD
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2022 AUG 22 2:40 PM

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.

TL

 Signature of the authorized representative

Timothy J. Langdon

 Typed or printed name of signee

Filing Fee: \$25.00