

P05000124193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

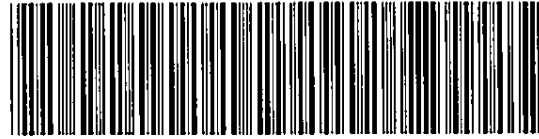
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300442601953

Amend

2025 JAN 15 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2025 JAN 15 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY
JAN 16 2025

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

Date: 01/15/2025

Acc#I20160000072

eric DW

Name:	On the Way Home Care, Inc.
Document #:	
Order #:	16097621

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
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 Notifications:

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

Amount: \$ **43.75**

Thank you!

Articles of Amendment
to
Articles of Incorporation
of

FILED
2025 JAN 15 AM 10:42
OFFICE OF STATE
CORPORATION SERVICES

On the Way Home Care, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000124193

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>CFO D</u>	<u>Susan Marie Diomond</u>	<u>500 West Main Street</u> <u>Louisville, KY 40202</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VCFO</u>	<u>Jaelyn M. Murphee</u>	<u>500 West Main Street</u> <u>Louisville, KY 40202</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Robert M. Marcoux Jr.</u>	<u>500 West Main Street</u> <u>Louisville, KY 40202</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

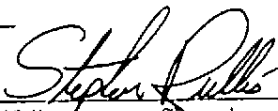
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated 1/15/2025 _____

Signature  _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Stephen Rullis

(Typed or printed name of person signing)

Attorney in Fact

(Title of person signing)

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.

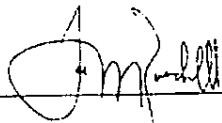
In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall be permitted, as applicable, to exercise the power of Vice President, Secretary, Manager, and/or Member.

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

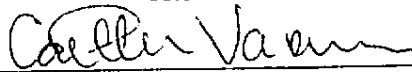


Name, Title Joseph M. Ruschell, Vice President, Associate General Counsel & Corporate Secretary

Sworn to and subscribed before me this 20th 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)

