

PO9000004491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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MAY 1 2023



February 23, 2023

Florida Secretary of State
Division of Corporations
2415 N. Monroe St.
Suite 810
Tallahassee, FL 32303

RE: Filing Number P09000004491

Dear Sir or Madam:

Effective February 24, 2023, Specialty Pharmacy Nursing Network, Inc. is undergoing a legal name change. The new legal name will be Naven Health, Inc. This is not a change of ownership and the tax identification number isn't changing.

Enclosed please find the appropriate name change application.

Upon completion, please send a copy to my attention at:
3000 Lakeside Dr.
Suite 300N
Bannockburn, IL 60015

If you have any questions or need additional information, please feel free to contact me at (312)-940-2528 or email me at och-corporatefilings@optioncare.com

Sincerely,

Michelle Mazzenga

Michelle Mazzenga
Senior Specialist

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Specialty Pharmacy Nursing Network, Inc.

DOCUMENT NUMBER: P09000004491

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Mazzenga
Name of Contact Person
Specialty Pharmacy Nursing Network, Inc.
Firm/ Company
3000 Lakeside Dr., Suite 300N
Address
Bannockburn, IL 60015
City/ State and Zip Code
och-corporatetilings@optioncare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Mazzenga at (312) 940-2528
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|---|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment
to
Articles of Incorporation
of

Specialty Pharmacy Nursing Network, Inc.

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

P09000004491

(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:

Naven Health, Inc.

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**)

N/A

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

N/A

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 N/A

(Florida street address)

New Registered Office Address: N/A

(City)

Florida

(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) (e), F.S.

	Change	Add	Remove
1)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
5)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
6)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

02/24/2023

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 02/23/2023

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)

Michael Shapiro

(Typed or printed name of person signing)

President, CFO/Treasurer

(Title of person signing)