## P180000 23251

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Devoted Health In	surance Company			
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Paul Jernigan				
		Name of Contact Person			
	Devoted Health, Inc.				
		Firm/ Company			
	221 Crescent Street, Suite 20	2			
	Address				
	Waltham, MA 02453				
		City/ State and Zip Code	·		
	ikim@devoted.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, plea	se call:			
Paul Jernigan		at ( <u></u>	236-4999		
Name	of Contact Person	Area Coo	te & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State;		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

DEVOTED HEALTH INSURANCE COMPANY

DEVOLED HEALTH INSORANCE COMPANT	1.	· L L
(Name of Corporation as current	ly filed with the Florida	Dept. of State) 1. 1:15
P18000023251		
(Document Number of	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporati	on adopts the following amendr
A. If amending name, enter the new name of the corporation:		
N/A		The ne
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I "chartered," "professional association," or the abbreviation "P.A.	A professional corporati	ited" or the abbreviation "Corp.
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	*	
	· <del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(1.200 )		
	-	
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office add		e name of the
new registered agent and/or the new registered office address	51	
Name of New Registered Agent N/A		
(Florida st	reet 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		ations of the position.
	•	
<del></del>		<del></del>
Signature of New F	Registered Agent, if chang	ring

## Check if applicable

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. Ti 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 Ci Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones	i	
X Add	<u>SV</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ame</u>	<u>Addres</u> s
l) Change				
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change				
Add				
Remove				
4) Change			<del></del>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				<u>.</u>
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
The total number of shares of capital stock which the Corporation shall have the authority to issue shall be 100,000.00
shares, all of which shares shall be denominated "Common Stock," having a par value of \$100.00 per share. Pursuant to
Section 628.121, Florida Statutes, the Corporation shall maintain capital and surplus in an amount sufficient to comply with
Sections 624,407 and 624,408, Florida Statutes, and other applicable provisions of the Florida Insurance Code, as may be
amended from time to time.
<del>-</del>
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)  Pursuant to a resolution by the Board of Directors of the Company, affirmed by unanimous written vote of the sole
shareholder of the Company, the Company changed the par value of shares from \$0.0001 to \$100.00 and authorized the
total number of shares to be issued to 100,000.
total number of shares to be issued to 100,000.

The date of each amendment(s) a date this document was signed.	doption:	, if other th
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder a	action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
Dated		
يه	Hara	
Signature		
selecte	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other cated fiduciary by that fiduciary)	
	Adam Thackery	
	(Typed or printed name of person signing)	
	Chief Financial Officer	
	(Title of person signing)	