Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Change of Principal Office Address

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

Elevate Claims Solutions LLC

and for that purpose submits the following statements:

3. Authorized Signature of Entity Karen Young, Legal Rep	
Sgnature and Title Karen Young, Legal Rep Type or print name and title	A NUL SA
1/9/2024 Date	0003

L905

Received and Filed

1/9/2024 5:30:22 PM

POC

Fee receipt: \$10.00