



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
4/20/2023 2:42 PM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The business entity is: profit corporation nonprofit corporation.
 professional service corporation business trust
 limited liability company limited partnership
 professional limited liability company statutory trust
 limited cooperative association non-profit LLC
 other
- 2. The name of the company is: BEACON HEALTH OPTIONS, INC.
(The name must be identical to the name on record with the Secretary of State.)
- 3. It is an entity organized and existing under the laws of the state or country of Virginia
- 4. The entity received authority to transact business in Kentucky on 03/25/1994
- 5. The entity has changed its (check all that apply)
 - Domicile name to Carelon Behavioral Health, Inc.
 - Name to be used in Kentucky to Carelon Behavioral Health, Inc.
 - Jurisdiction of organization to _____
 - Period of duration _____
 - Form of organization _____
 - Management type: Member managed Manager managed
- 6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	JOE DAVIS	SECRETARY	04/06/2023
Signature of Authorized Representative	Printed Name	Title	Date