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

## Amended Certificate of Authority

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, 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 a profit corporation (KRS 271B).
- 2. The name of the business entity is:

## **RIA HEALTH, INC.**

- 3. It is an entity organized and existing under the laws of the state of California.
- The entity received authority to transact business in Kentucky on 6/7/2023. 4.
- The entity has changed its 5.

Form of organization to a professional service corporation Name to be used in Kentucky to RIA HEALTH, P.S.C.

As the authorized representative, I, Robin Jones, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: authorized signer 6/9/2023

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Michael G. Adams

Received and Filed

6/9/2023 3:36:17 PM

FCA

Fee receipt: \$40.00