



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

<b>1050836.04</b>	dwilliams AAN
<b>Michael G. Adams</b> Kentucky Secretary of State	
Received and Filed: 4/15/2022 11:20 AM	
Fee Receipt: \$20.00	

<b>Division of Business Filings</b> P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Amended Certificate of Assumed Name</b> (Domestic or Foreign Business Entity)	<b>AAN</b>
--	---	------------

Pursuant to the provisions of KRS 365, the undersigned applies to amend the certificate of assumed name and, for that purpose, submits the following statement:

- The assumed name is Passport Health Plan by Molina Healthcare.  
 (The name must be identical to the name on record with the Secretary of State.)
- The certificate of assumed name was filed with the Secretary of State on: September 3, 2020.
- The current principal office address (if any) is:  

<u>312 South Fourth Street, Suite 700</u>	<u>Louisville</u>	<u>Kentucky</u>	<u>40202</u>
<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
- The principal office address is hereby changed to:  

<u>5100 Commerce Crossings Drive</u>	<u>Louisville</u>	<u>Kentucky</u>	<u>40229</u>
<b>Street Address or Post Office Box Numbers</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is upon filing.
- The changes in the identity of the partners are as follows: n/a

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

DocuSigned by:  <small>259B977707E8115</small> <b>Signature of Applicant</b>	<u>Jeff D. Barlow</u> <b>Printed Name</b>	<u>Secretary</u> <b>Title</b>	<u>April 11, 2022</u> <b>Date</b>
--	--	----------------------------------	--------------------------------------