

# COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/6/2024 2:05 PM Fee Receipt: \$40.00

Division of Busin P.O. Box 718 Frankfort, KY 4060 (502) 564-3490 www.sos.ky.gov		Amended Certificate ( (Foreign Business Entity)	of Authority	FCA
		S Chapter KRS 14A.9 - 040 that purpo		y applies for an amended certificate of ng statements:
1. The business		profit corporation professional service corporation imited liability company professional limited liability con imited cooperative association other	npany 🔲	nonprofit corporation. business trust limited partnership statutory trust non-profit LLC
2. The name of the	ne company is: _	Melanated Healthca	re Kentucky Inc.	
		(The name must be identical to	ne name on record wit	
		sting under the laws of the stat		
4. The entity rece	eived authority to	transact business in Kentucky	on 01/17/2023	<del>.</del>
5. The entity has	changed its (che	ck all that apply)		
<u> </u>	Domicile name to Envue Health Inc.			
	Name to be used in Kentucky to			
	Jurisdiction of organization to			
	Period of duration Form of organization			
	Management type: Member managed Manager managed			
6. This applicatio	n will be effective	e upon filing.		
		under the laws of the state of h		
Le	crestra Sewell	Lecresha Sewell	CEO	11/6/2024

Title

Date

**Printed Name** 

Signature of Authorized Representative

## FILING INSTRUCTIONS APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

#### TYPE OF FORMATION

Pursuant to KRS 14A.9 – 040 the entity must indicate if it is a corporation, a nonprofit corporation, a professional service corporation, a business trust, a limited liability company or a limited partnership by checking the appropriate box.

#### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

#### **WHO MAY SIGN**

The document must be signed by an authorized agent.

#### **NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### **FILING FEE**

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

**OFFICE LOCATION** 

700 Capital Avenue

Frankfort, KY 40601

Room 152, Capitol Building

### MAILING ADDRESS

Michael Adams Secretary of State PO Box 718

202.0749

Frankfort, KY 40602-0718 Hours of Operation: 8:00 AM-4:30 PM ET

#### **CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

#### **FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES**

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.