

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Amended Certificate of Authority

(Foreign Business Entity)

Kathleen S. Kiefer

Printed Name

0530740.09

tsemones AMD

Michael G. Adams Kentucky Secretary of State Received and Filed:

12/14/2022

Date

Secretary

Title

Received and Filed: 1/17/2023 11:50 AM Fee Receipt: \$40.00

| (502) 564-3490 www.sos.ky.gov | | |
|---|--|--|
| Pursuant to the provisions of K authority on behalf of the entity | RS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of named below and, for that purpose, submits the following statements: | |
| 1. The business entity is: | professional service corporation limited liability company professional limited liability company limited cooperative association other business trust limited partnership statutory trust non-profit LLC | |
| 2. The name of the company is: | ANTHEM UM SERVICES, INC. (The name must be identical to the name on record with the Secretary of State.) | |
| | (The hame must be identical to the hame on record with the observer, | |
| 3. It is an entity organized and | existing under the laws of the state or country of Indiana | |
| 4. The entity received authority | to transact business in Kentucky on $\underline{02/08/2002}$ | |
| 5. The entity has changed its (c | | |
| Domicile name | to AUMSI UM Services, Inc. | |
| Name to be us | ed in Kentucky to AUMSI UM Services, Inc. | |
| Jurisdiction of | Jurisdiction of organization to | |
| | ion | |
| Form of organi | | |
| _ | Manager managed | |
| Management t | ype: Member managed Manager managed | |
| 6. This application will be effect | tive upon filing. | |
| I declare under penalty of perju | iry under the laws of the state of Kentucky that the foregoing is true and correct. | |

/s/ Kathleen S. Kiefer
Signature of Authorized Representative

Division of Business Filings

P.O. Box 718

Frankfort, KY 40602