

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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KY Secretary of State  
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Amended Certificate of Authority

FCA

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:

**SPECIALTY PHARMACY NURSING NETWORK, INC.**

3. It is an entity organized and existing under the laws of the **state of Florida**.
4. The entity received authority to transact business in Kentucky on **3/2/2022**.
5. The entity has changed its

Domicile name to **Naven Health, Inc.**

As the authorized representative, I, **Michael Shapiro**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Title: **President**

6/2/2023