

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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

4/20/2023 2:45 PM Fee Receipt: \$40.00

04/06/2023

Date

Division of Business Filings FCA Amended Certificate of Authority P.O. Box 718 (Foreign Business Entity) Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 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: nonprofit corporation. 1. The business entity is: profit corporation business trust professional service corporation limited partnership limited liability company statutory trust professional limited liability company non-profit LLC limited cooperative association 2. The name of the company is: $\underline{MYNEXUS}$ INC. (The name must be identical to the name on record with the Secretary of State.) 3. It is an entity organized and existing under the laws of the state or country of <u>Delaware</u> 4. The entity received authority to transact business in Kentucky on $\underline{10/21/2016}$ 5. The entity has changed its (check all that apply) Domicile name to Carelon Post Acute Solutions, Inc. Name to be used in Kentucky to Carelon Post Acute Solutions, Inc. × Jurisdiction of organization to______ Period of duration Form of organization Manager managed Member managed Management type: 6. This application will be effective upon filing. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

JOE DAVIS

Printed Name

SECRETARY

Signature of Authorized Representative