

1040753.06

mmoore  
AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
3/18/2024 10:47 AM  
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Amended Certificate of Authority  
(Foreign Business Entity)

FCA

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:

1. The business entity is:
- |   |   |
|---|---|
| <input type="checkbox"/> profit corporation                     | <input type="checkbox"/> nonprofit corporation. |
| <input type="checkbox"/> professional service corporation       | <input type="checkbox"/> business trust         |
| <input checked="" type="checkbox"/> limited liability company   | <input type="checkbox"/> limited partnership    |
| <input type="checkbox"/> professional limited liability company | <input type="checkbox"/> statutory trust        |
| <input type="checkbox"/> limited cooperative association        | <input type="checkbox"/> non-profit LLC         |
| <input type="checkbox"/> other                                  |   |

2. The name of the company is: CDI Health, LLC  
(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 \_\_\_\_\_.

4. The entity received authority to transact business in Kentucky on \_\_\_\_\_.

5. The entity has changed its (check all that apply)

- ☒ Domicile name to Rendevor - Corporate Services LLC
- ☐ 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 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.

<u>Jason Combs</u>	Jason Combs	CEO	02/28/24
Signature of Authorized Representative	Printed Name	Title	Date



**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](http://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."

**MAILING ADDRESS**

Michael Adams  
Secretary of State  
PO Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 152, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
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](http://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.