

## 0886578.09

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Fee Receipt: \$40.00

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

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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 KF authority on behalf of the entity n	RS Chapter KRS 14A.9 - 040 the undersigned here named below and, for that purpose, submits the follow	by applies for an amended certificate of ving statements:			
1. The business entity is: X	profit corporation professional service corporation limited liability company professional limited liability company limited cooperative association other	nonprofit corporation. business trust limited partnership statutory trust non-profit LLC			
2. The name of the company is:	VALUEOPTIONS FEDERAL SERVICES, INC. (The name must be identical to the name on record w	ith the Secretary of State.)			
3. It is an entity organized and ex	xisting under the laws of the state or country of $\underline{\mathrm{Virgin}}$	nia			
4. The entity received authority to	o transact business in Kentucky on 05/06/2014	·			
5. The entity has changed its (ch					
× Domicile name t	Domicile name to Carelon Health Federal Services, Inc.				
× Name to be use	Name to be used in Kentucky to Carelon Health Federal Services, Inc.				
Jurisdiction of or	Jurisdiction of organization to				
Period of duration	n				
Form of organiza	ation				
Management typ	be: Member managed Manag	ger managed			
6. This application will be effective	/e upon filing.				

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Authorized Representative	Printed Name	Title	Date
See Dann	JOE DAVIS	SECRETARY	04/06/2023

COMMONWEALTH OF KENTUCKY