

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0273882.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/6/2024 2:33 PM Fee Receipt: \$10.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490	Statement of Cha	inge of Principal Office Address	POC
change the principal office addre	ess on behalf of	273, 274, 275, 362 or 386 the undersigned	hereby applies to
UNITED HEALTHCARE SERVICES, INC.		and for that purpose submits the following:	
(The name must be identical to the na 1. Principal office address cur		etary of State.)  Principal office is hereby change	ged to:
UNITEDHEALTH GROUP CENTER		9700 Health Care Lane	
9900 BREN ROAD EAST		Minnetonka, MN 55343	
MINNETONKA, MN 55343			
Fee: The fee for this filing is \$	10.		
I declare under penalty of perjur	y under the laws of the	state of Kentucky that the foregoing is true	and correct.
× Knia Korosec		Kara Korosec	9/3/2024
Signature of Authorized Agent		Printed Name	Date