(7/20)

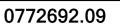
I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Kender Deer	Kendra Green-Dias	Secretary	06/20/2022
Signature of Authorized Representative	Printed Name	Title	Date

## 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
	S Chapter KRS 14A.9 - 040 the undersigned hereby app amed below and, for that purpose, submits the following st	
	professional service corporation busi limited liability company limited professional limited liability company statu	profit corporation. ness trust ed partnership utory trust profit LLC
	American Institute of Toxicology, Inc. (The name must be identical to the name on record with the	Secretary of State.)
	isting under the laws of the state or country of Indiana	
4. The entity received authority to	transact business in Kentucky on <u>10/4/2010</u>	
5. The entity has changed its (che Domicile name to	ck all that apply) _ HealthTrackRx Indiana, Inc.	
Name to be used	l in Kentucky to	
Jurisdiction of org	ganization to	
Period of duration	n	
Form of organiza	tion	
Management typ	e: 🔲 Member managed 🛛 🖾 Manager ma	naged
6. This application will be effective	e upon filing.	





dwilliams
AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
6/24/2022 11:05 AM
Fee Receipt: \$40.00