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WTH

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/30/2019 2:28 PM
Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

Certificate of Withdrawal of Assumed Name
(Domestic or Foreign Business Entity)

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

- The assumed name to be withdrawn is Passport Health Plan
(The name must be identical to the name on record with the Secretary of State.)
- The assumed name has been discontinued by University Health Care, Inc.
(Must be the exact name of the entity or partners)
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.
- The date the original certificate was filed: November 4, 2010

5. The "real name" is (you must check one):

- | | |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input checked="" type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |

6. The mailing address is:

<u>5100 Commerce Crossings Drive</u>	<u>Louisville</u>	<u>KY</u>	<u>40229</u>
Street Address or Post Office Box Numbers	City	State	Zip

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

	<u>Scott Bowers</u>	<u>CEO</u>	<u>12/30/2019</u>
Signature of Authorized Party	Printed Name	Title	Date

1059375.09

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AMD

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/30/2019 2:30 PM
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Articles of Amendment
(Domestic Profit or Professional Services Corporation)

AMD

Pursuant to the provisions of KRS 14A and KRS 271B, the undersigned applies to amend articles of incorporation, and for that purpose, submits the following statements:

1. Name of the corporation on record with the Office of the Secretary of State is

Justify Holdings, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article I: The name of the corporation is Passport Health Plan, Inc.

3. If the amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment, if not contained in the amendment itself, are as follows:

N/A

4. The date of adoption of each amendment was as follows: December 30, 2019

5. Check the option that applies (check only one option):

- The amendment(s) was (were) duly adopted by the incorporators prior to issuance of shares.
- The amendment(s) was (were) duly adopted by the board of directors prior to issuance of shares.
- The amendment(s) was (were) duly adopted by the incorporators or board of director without shareholder action as shareholder action was not required.
- If the amendment(s) was (were) duly adopted by the shareholders, the:
 - a) 70 Number of outstanding shares.
 - b) 70 Number of votes entitled to be cast by each voting group entitled to vote separately on the amendment
 - c) 70 Number of votes of each voting group indisputably represented at the meeting.
 - d) 70 The total number of votes in favor of the amendment.
 - e) 0 The number of votes against the amendment.
 - f) x The number of votes cast for the amendment by each voting group was sufficient.

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is December 30, 2019.
(Delayed effective date and/or time)

Please indicate whether any of the following applies to your business ownership:
 Women Owned Veteran Owned Minority Owned

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

Signature of Officer or Chairman of the Board

Jonathan Weinberg
Printed Name

Secretary
Title

December 30, 2019
Date