

M21 0000006379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

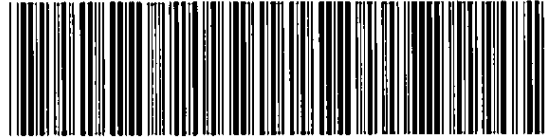
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV 10 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2021 NOV 10 AM 11:44
ALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 215161 7843304

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : November 9, 2021

ORDER TIME : 10:29 AM

ORDER NO. : 215161-005

CUSTOMER NO: 7843304

FOREIGN FILINGS

NAME: HEALTHGRADES MARKETPLACE, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX ____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Healthgrades Marketplace, LLC

Enter new principal office address, if applicable: 1423 Red Ventures Drive

(Principal office address

MUST BE A STREET ADDRESS)

Fort Mill, SC 29707

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1423 Red Ventures Drive

Fort Mill, SC 29707

2. The Florida document number of this limited liability company is: M21000006379

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/25/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Healthgrades Operating Company, Inc.	1801 CALIFORNIA ST., STE. 900 DENVER, CO 80202	☐ Add ☒ Remove
MBR	New Imagitas, Inc.	1423 Red Ventures Drive Fort Mill Fort Mill, SC 29707	☒ Add ☐ Remove
			☐ Add
			☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Mark Brodsky
Signature of the authorized representative

Mark Brodsky

Typed or printed name of signee

Filing Fee: \$25.00