M21000006379

(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

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2021 NOV 10 AM 11:44
ALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, 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
Fort Mill, SC 29707

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1423 Red Ventures Drive
Fort Mill, SC 29707

(Mailing address MAY BE A POST OFFICE BOX)

2021 NOV 0

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:

_____

Title/ Capacity	Name	Address	Type of Action
MBR	Healthgrades Operating Company, Inc.	1801 CALIFORNIA ST., STE. 900	☐Add
		DENVER, CO 80202	☒Remove
MBR	New Imagitas, Inc.	1423 Red Ventures Drive Fort Mill	☒Add
		Fort Mill, SC 29707	☐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
~~8C9E98FFCC24C0...~~ Signature of the authorized representative

Mark Brodsky
Typed or printed name of signee

Filing Fee: $25.00