## Haa000008603

(F	Requestor's Name)
	Address)
(/	Addless)
(/	Address)
(6	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(i	Business Entity Name)
	Day was Marked
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE
	OCT 17 2022
	00111 2022

Office Use Only



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2022 OCT 14 PH 4: 17 2022 OCT 14 AH 10: 11

RECEIVED





115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/14/2022	
	Jennifer Bialowas	
Reference #:	1808934	_
	SAGILILTY PROV	IDER SOLUTIONS LLC
☐ Article	es of Incorporation/Authorization	to Transact Business
✓ Ameno	dment	
☐ Chang	ge of Agent	
☐ Reinst	tatement	
☐ Conve	ersion	
☐ Merge	:r	
Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
✓ Other_	Upon filing plea	se provide a certified copy
Authorized Ar	mount:	<del></del>
Signature:		

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/14/2022	
	Jennifer Bialowas	_
Reference #	1808934	_
Entity Name	SAGILILTY PROV	IDER SOLUTIONS LLC
☐ Articl	es of Incorporation/Authorization	to Transact Business
✓ Amer	ndment	
☐ Chan	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
✓ Other	Upon filing plea	se provide a certified copy
Authorized A	Amount: <b>55.00</b>	
Signature: _		

F: 800.944.6607

F: +852.2682.9790

## **COVER LETTER**

TO: Registration Section

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L.	•	4	٠,	.,,	OH	01				1011

SUBJECT: HGS HEALTHCARE, LLC			
	Name of Foreign	Limited Liability Con	npany
Dear Sir or Madam:			
The enclosed applica	tion, certificate and fee(s) ar	e submitted for filing.	
Please return all corre	espondence concerning this i	natter to the following	ž:
Kim Schoonmake	r		
	Name of Person		
HGS			
	Firm/Company		
11000 Westmoor	Circle, Suite 125		
	Address		
Westminster, CO	80021		
	City/State and Zip Code		
	@hgshealthcare.com  be used for future annual re	port notification)	
For further information	on concerning this matter, pl	ease call:	
		t ()	
Name	of Person	Area Code & Dayti	me Telephone Number
Registration 9 Division of C Clifton Build 2661 Executi	Corporations	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, Florida 32314
Enclosed is a check S25 Filing Fee CR2E055 (9/15)	for the following amount:  \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	Sectificate of Status & Certificate Copy

## 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)

BU	ISINESS IN FLORIDA	
SEC	FION I (1-4 must be completed)  ppears on the records of the Florida Department of  HGS EBOS, LLC  ble:	
Name of limited liability Company as it ap	ppears on the records of the Florida Department of	`
State:	HGS EBOS, LLC	ر '
Enter new principal office address, if applical	ble:	•
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limit	ed liability company is: M22000008603	
Jurisdiction of its organization:	Delaware	
4. Date authorized to do business in Florida:	06/02/2022	
SECTION II (5-9 complete only the application)		
5. New name of the limited liability company	y: Sagility Provider Solutions LLC (must contain "Limited Liability Company, " "L.L.C.," or "Ll.C.")	
(If name unavailable, enter alternate name adcopy of the written consent of the managers of must contain "Limited Liability Company," "	opted for the purpose of transacting business in Florida and attach a or managing members adopting the alternate name. The alternate name L.L.C." or "LLC.")	
6. If amending the registered agent and/or reg registered agent and/or the new registered off	gistered officer address on our records, enter the name of the new ice 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 the amendment	changes person, title or capacity in acco	rdance with 605,0902 (1)(e), ind	icate that change:
tle/ Capacity	Name	Address	Type of Actio
			Add
			I Remov
			Add
			Remov
			Remov
			Add
			Remove
			Add
	ficate, if required: no more than 90 day		Remov
jurisdiction under	nendment(s), duly authenticated by the the David B. Bailey  AA6512BE4836423  Signature of the	_	rus ni uic

Filing Fee: \$25.00