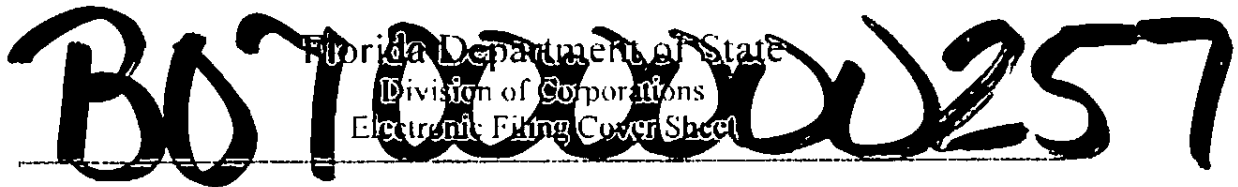


7/8/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000207285 3)))



H190002072853ABC1

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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AND
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REGISTERED AGENT CHANGE HEALTHSMART CARE MANAGEMENT SOLUTIONS, L.P.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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JUL 09 2019

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HEALTHSMART CARE MANAGEMENT SOLUTIONS, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/10/2007 3. B07000000257
Date of filing/registration in Florida Florida document number

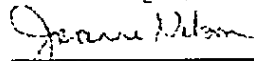
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301-2525
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

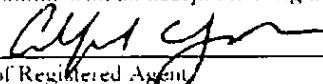
C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Jeanne Nelson, Authorized Person of HealthSmart Benefits Management
LLC, its General Partner

I am duly and lawfully appointed and sworn 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.


Signature of Registered Agent

**Alfred Younan
Assistant Secretary**

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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