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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

XX CORPORATE

ACCOUNT NO. : I20000000195

REFERENCE : 459927 7950090

AUTHORIZATION : STANDBLE MAN

COST LIMIT : \$ 35.00

ORDER DATE : October 16, 2020

ORDER TIME : 11:40 AM

ORDER NO. : 459927-005

CUSTOMER NO: 7950090

FOREIGN FILINGS

NAME: ANTHELIO HEALTHCARE SOLUTIONS INC.

LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	
XXX AMENDMENT	
LEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
ONTACT PERSON: Amanda Robinson EXT# 62968	
EXAMINER:	_

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F01000002165		
(Document n	umber of corporation (if known)	_
ANTHELIO HEALTHCARE SOLUTIONS INC.		
(Name of corporation as it ap	opears on the records of the Department	of State)
2. DELAWARE	3. 04/24/2001	
(Incorporated under laws of)	(Date authorized t	o do business in Florida)
	SECTION II	
(4-7 COMPLETE O	NLY THE APPLICABLE CHANGES	S)
 If the amendment changes the name of the corporation, wh incorporation? 12/31/2017 	en was the change effected under the la	ws of its jurisdiction of
ATOS DIGITAL HEALTH SOLUTIONS, INC.		
(Name of corporation after the amendment, adding suffix not contained in new name of the corporation)	"corporation," "company," or "incorpor	ated," or appropriate abbreviation, i
(If new name is unavailable in Florida, enter alternate corp.	orate name adopted for the purpose of ti	ransacting business in Florida)
6. If the amendment changes the period of duration, indi	cate new period of duration.	
		202
	(New duration)	
7. If the amendment changes the jurisdiction of incorpor	ration, indicate new jurisdiction.	FILED 2020 OCT 19 AH 8:5 SECHELARY OF STATE SECHELA
	(New jurisdiction)	4.3385. 4.05.31 8. ₩ 8
8. If the amendment changes the jurisdiction of organization	, indicate new jurisdiction:	9: 54 8: 54
9. If the amendment changes person, title or capacity in accor	dance with 607.1504 (4), indicate that ch	nange:

Title/ Capacity	<u>Name</u>	Address	Type of Action
<u> </u>			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Add
		- /- /	DRemove
			DAdd
O. Attached is a c of the application under the laws			ted not more than 90 days prior to deliver stody of corporate records in the jurisdiction
	Signature of a dir	ector president or other officer - if in the court appointed fiduciary, by that fiduciary	e hands of
Lisa A. May	, a receive of cuite	Corporate S	
	Typed or printed name of person signing		of person signing)
· ·	, and a second significant	FILING FEE \$35.00	788 OCT

FILED
2020 OCT 19 AM 8: 54

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ANTHELIO HEALTHCARE SOLUTIONS INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ATOS DIGITAL HEALTH SOLUTIONS, INC." ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2017, AT 5:01 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATOS DIGITAL HEALTH SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER, A.D. 1999.

Authentication: 203882160

Date: 10-16-20

3109748 8320 SR# 20207882424