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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

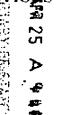
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

1019 APR 25 PH 2: 1

REGISTERED AGENT CHANGE GHANGE HEALTHCARE PRACTICE MANAGEMENT SOLUTION INVE

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75





STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delaware
 -		istered agent, or both, in the State of Florida.
1. The name of the	he corporation: Change Healthcare Prac	tice Management Solutions Investments, Inc.
	office address: rd Parkway Alpharetta, GA 30005	
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 9/9/2002	Document number: F02000004634
	street address of the current registere tment of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)
	CORPORATION SERVICE COMPAN	Y
	1201 HAYS STREET TALLAHASSE	E, FL 32301-2525
6. The name and (if changed):	Street address of the new registered a CT Corporation System c/o CT Corporation System, 1200 South	# 25
	P.O Box N Plantation, Florida 33324	OT acceptable
The street addre as changed will	ss of its registered office and the stre be identical.	et address of the business office of its registered agent,
Such change was authorized by th	s authorized by resolution duly adopt e board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Malalu Pic	kony	Natalic Pickens-Authorized Person
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	my duties, and I am familiar with and sidecument is being filed merely to rethat the corporation has been notified.	atutes relative to the proper and complete Laccept the obligation of my position as registered effect a change in the registered office address, L
By: CF Corporation System		4-25-19
Sign If signing on bel	naure of Registered Agent nalf of an entity:	Date
Sarah Revelle-As	•	
	rped or Printed Name	