

FO 7000001296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000241062470

10/23/12--01006--003 **35.00

RA Chang

FILED
2012 OCT 23 AM 10:08
TALLAHASSEE, FLORIDA

10-24-12

October 19, 2012

VIA US MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **TELLIGEN HEALTH MANAGEMENT SOLUTIONS, INC.**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. **\$35.00** to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

A handwritten signature in black ink, appearing to read 'Karina Puls Kamp', with a stylized, flowing script.

KARINA PULSKAMP
REGISTERED AGENT SOLUTIONS, INC.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TELLIGEN HEALTH MANAGEMENT SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: TELLIGEN HEALTH MANAGEMENT SOLUTIONS, INC.

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karina Pulskamp

Name of Contact Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

1701 DIRECTORS BLVD. STE 300

Address

AUSTIN, TX 78744

City/State and Zip Code

CLIENTSERVICES@RASI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARINA PULSKAMP

Name of Contact Person

at **(888) 705-7274**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of IOWA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TELLIGEN HEALTH MANAGEMENT SOLUTIONS, INC.

2. The principal office address: 1776 WEST LAKES PARKWAY WEST DES MOINES IA 50266

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/6/2007 Document number: F07000001296

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A Tallahassee, FL 32301

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Denise Sturm

Signature of an officer or director

DENISE STURM, CHIEF FINANCIAL OFFICER

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Art Flores

Signature of Registered Agent

10/19/12

Date

If signing on behalf of an entity:

ART FLORES, ASST. SECRETARY

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)