# F070000/01/96

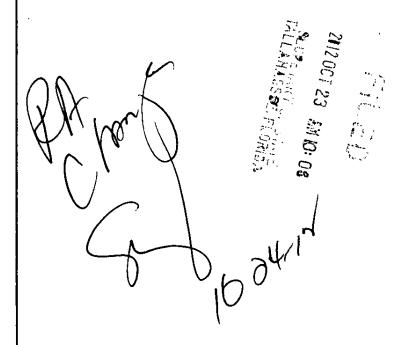
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Special Instructions to F	Filing Officer:			
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October 19, 2012

## VIA US MAIL

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

# Re: <u>TELLIGEN HEALTH MANAGEMENT SOLUTIONS, INC.</u>

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,

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

್ಷ, 888

705-7274

Name of Contact Person

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

statement of che	ange is submitted for a corporation (	7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o egistered agent, or both, in the State o	of IOWA
		EALTH MANAGEMENT SOL	
		EST DES MOINES IA 50266	
			<del></del>
4. Date of incor	poration/qualification: 3/6/2007	Document number: F070	000001296
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the
	C T CORPORATION SYS	STEM	
	1200 SOUTH PINE ISLA	ND ROAD	
	PLANTATION FL 33324	US	— जुर्ग
6. The name and (if changed):	d street address of the new registered Registered Agent Solution	d agent (if changed) and /or registered ons, Inc.	office 123
	155 Office Plaza Dr. Suite	e A Tallahassee, FL 32301	
		x NOT acceptable	- 34 <b>C</b>
The street addreas changed will	ess of its registered office and the st be identical.	treet address of the business office of	— `its registered agent,
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by a in notified in writing of the change.	n officer so
	te of an officer or director	DENISE STURM, CHIEF FINA	
I hereby accept I further agree i performance of agent. Or, if th		Printed or typed name and and agree to act in this capacity. statutes relative to the proper and count accept the obligation of my position reflect a change in the registered officed in writing of this change.	
dit	nature of Registered Agent	10/19/12	
If signing on be	half of an entity:		
ART FLORI	ES, ASST. SECRETARY		

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

Typed or Printed Name