

**For 0000085486**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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STATE OF FLORIDA  
CLERK OF THE SUPREME COURT

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
MEDASSETS PERFORMANCE MANAGEMENT SOLUTIONS,  
INC.**

16 APR - 6 AM 12:22  
RECORDED

Certificate of Status	0
Certified Copy	0
Page Count	02
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4/7/16  
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**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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Medassets Performance Management Solutions, Inc.
- 2. The principal office address: 100 NORTH POINT CENTER E., SUITE 200, ALPHARETTA, GA 30022
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 6/3/2008 Document number: F08000002486

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)

Corporation Service Company  
1201 Hays Street, Tallahassee, FL 32301-2525


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 TALLAHASSEE, FLORIDA

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

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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.

  
 Signature of an officer or director

Michael Jones, VP  
 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.*

By:   
 Signature of Registered Agent

4/4/2016  
 Date

If signing on behalf of an entity:  
James M. Halpin  
Assistant 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)