Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name

: C T CORPORATION SYSTEM

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Phone

: (850)878-5368

R. WHITE

Fax Number

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

Email Address:

REGISTERED AGENT CHANGE QUADRAMED QUANTIM CORPORATION

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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 Statement of change is submitted for a corporation organized under the laws of the State of December 1.	slaware	-
in order to change its registered office or registered agent, or both, in the State of Flo	rida.	
The name of the corporation: Quadramed Quantim Corporation The principal office address: One Wayward Road Burlington MA 01803		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 9/23/2010 Document number: P10009042	36	,
The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	ı the	
Incorp Services Inc.		
1788 67th CT		-
N. Loxahatchee, FL 33470	· 图8.	k
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	k	
C T Corporation System		
c/o C T Corporation System, 1200 South Pine Island Road		
P.O. Box NOT acceptable		ပ္
Plantation, Florida 33324	5	34
The street address of its registered office and the street address of the business office of its ras changed will be identical.		nt,
Such change was authorized by resolution duly adopted by its board of bine parties of the corporation has been notified in writing of the bhange.	EDIG5	
Vice Preside	3NI	
Signature of an difficult of director Printed or typed name and tills		-
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 formance of invaluites to the proper and complete formance of invaluites to the proper and complete formance of invaluities to the proper and complete the obligation of my position a green. Or, if this charge is the registered office the property of the charge in the registered office the property of the charge of this charge.	ete o registered	
grent. Or, if this document is being lifed morely to reflect a change in the registered office the replaced of the registered office the replaced in the registered office the replaced in the registered of the r	address, i	
Coffed polatical System (14/	2014	
Signature of Registered Agent	- 1/	-
If signing on behalf of an entity: SPECIAL ASSISTANT SECRETARY		
Typed or Printed Namo		
* * * FILING FEE: \$35.00 * * *		

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