

F13000002436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

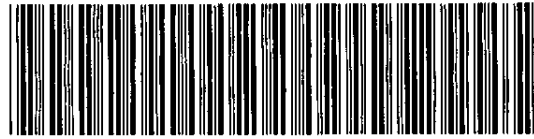
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/28

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 JUL 28 PM 1:51
SUFFICIENCY OF FILING

FILED
14 JUL 28 PM 1:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

AKC
7/31/14
DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 227207 4352697

AUTHORIZATION

[Signature]

COST LIMIT : \$ 35.00

ORDER DATE : July 23, 2014

ORDER TIME : 11:37 AM

ORDER NO. : 227207-075

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: CERTIFY DATA SYSTEMS, INC.

XX___ CORPORATE
___ LIMITED PARTNERSHIP
___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XX___ PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT#62925

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2014

CSC
ATTN: EMILY GRAY

SUBJECT: CERTIFY DATA SYSTEMS, INC.
Ref. Number: F13000002436

RESUBMIT
Please give original
submission date as file date.

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

#4 OF THE DOCUMENT SHOULD CONTAIN THE DATE THE NAME WAS CHANGED IN THE STATE OF DELAWARE, WHICH IS JULY 23,2014 AND ALSO, THE NEW NAME SHOULD BE LISTED IN SECTION #5.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 414A00016165

RECEIVED
14 JUL 30 AM 10:42
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Certify Data Systems, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan O. Lenahan

Name of Contact Person

Certify Data Systems, Inc.

Firm/Company

500 West Main Street, Law Department

Address

Louisville, KY 40202

City/State and Zip Code

thoskins@humana.com

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

For further information concerning this matter, please call:

Jennifer G. Webb

at (502) 580-3777

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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

(Pursuant to s. 607.1504, F.S.)

(1-3 MUST BE COMPLETED)

F13000002436

(Document number of corporation (if known))

FILED
14 JUL 28 PM 1:26
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA

Certify Data Systems, Inc.

(Name of corporation as it appears on the records of the Department of State)

2 Delaware

(Incorporated under laws of)

3 06/05/2013

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? July 23, 2014

5. Transcend Insights, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Joan O. Lenahan

(Typed or printed name of person signing)

VP & Corporate Secretary

(Title of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CERTIFY DATA SYSTEMS, INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "TRANSCEND INSIGHTS, INC.", THE TWENTY-THIRD DAY OF JULY, A.D. 2014, AT 5:53 O'CLOCK P.M.

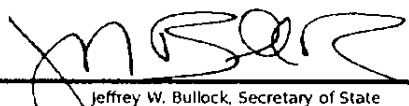
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4580558 8320

140995382

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1565785

DATE: 07-24-14