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R. WHITE

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TELETECH HEALTHCARE SOLUTIONS, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUB.	JECT: TeleTech Healthcare Solutions, Inc.	Corporation
	UMENT NUMBER: F13000002930	
The e	enclosed Amendment and fee are submitt	ted for filing.
Pleas	e return all correspondence concerning t	his matter to the following:
	Name of Contact Person	
	Finn/Company	
	2 1000 10 1000	
	Address	
	City/State and Zip Code	
elisa	boger@ieleich.com	<u>_</u> _
	E-mail address: (to be used for future annua	al report notification)
For	further information concerning this matte	er, please call:
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	\$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
An Div P.C	illing Address: pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

76.7 2.4	(Pursuant to s. 607.1504, r.s.)	
	SECTION I (1-3 MUST BE COMPLETED)	
	——————————————————————————————————————	
	F13000002930 (Document number of corporation (if known)	
TeleTech Healthcare Sol	(Name of corporation as it appears on the records of the Department of State)	-
	corporated under laws of) 3. 07/03/2013 (Date nuthorized to do business in Florida)	-
. Delaware (Inc	orporated under laws of) (Date milhorized to do outsides)	
	SECTION II	
	(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)	
i if the amendment (changes the name of the corporation, when was the change effected under the laws of	
is invisdiction of i	ucorporation? 12/04/2017	
appropriate anore	eviation, if not contained in new name of the corporation)	_
business in Pioric	•	
6. If the amendment	changes the period of duration, indicate new period of duration.	17 DF
	(New duration)	
a to-based men	t changes the jurisdiction of incorporation, indicate new jurisdiction.	_
/. If the amendmen	I changes the furishion of more	
	(New jurisdiction)	Ž.,,
	(New jurisdiction)	Ž.,,
	(New Jurisdiction) tificate or document of similar import, evidencing the amendment, authenticated not more to delivery of the application to the Department of State, by the Secretary of State or other officerporate records in the jurisdiction under the laws of which it is incorporated. II 20/17 Magaret McLoan II in the bands	Ž.,,
8. Attached is a cer 90 days prior to having custody o	tificate or document of similar import, evidencing the amendment, authenticated not more to delivery of the application to the Department of State, by the Secretary of State or other officerporate records in the jurisdiction under the laws of which it is incorporated.	Ž.,,



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'TELETECH HEALTHCARE

SOLUTIONS, INC.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'TTEC HEALTHCARE SOLUTIONS, INC.' ON THE FOURTH DAY OF

DECEMBER, A.D. 2017, AT 8:31 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TENTH DAY OF DECEMBER, A.D. 2017.

Authentication: 203675622

Date: 12-04-17