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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer.		
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ESTATA SA FICE VISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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C. GOLDEN
00T 1 0 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 440395 8159627 AUTHORIZATION COST LIMIT ORDER DATE: September 29, 2020 ORDER TIME : 10:17 AM ORDER NO. : 440395-005 CUSTOMER NO: 8159627 FOREIGN FILINGS NAME: COTIVITI, 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: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO: Amendment Section Division of Corporations		
Cotiviti I, Inc.		
SUBJECT: (Nar	ne of Corporation)	
DOCUMENT NUMBER: F13000005529		
The enclosed Resolution of the Board of Direct fee are submitted for filing.	ors to Withdraw the Alternate name for use in Florida and	
Please return all correspondence concerning this	matter to the following:	
(Name of Contact Person)		
(Firm/Company)		
(Address)		
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
Ekaterina Razdobudova	781 693-2981	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida	Department of State for the following amount:	
□\$35.00 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee. Certified Copy (Additional copy is enclosed) S52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananassee. Fiz 32314	Tallahassee, FL 32303	



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned		do hereby certify
(Name)	<u>.</u>	do nereoj cemij
that this Resolution of the Board of Directors of		
Cotiviti, Inc.		
(Name of Corporati	ion)	
a corporation duly organized and existing under the laws of	Delaware	
a toporane out, organizate and onloning and on the top of	(State or Count	ry)
was adopted on	<u> </u>	_ withdrawing the alternate
name of		
(Current Alternat	e Name)	· · · · · · · · · · · · · · · · · · ·
in Florida as its real name is available in Florida.		
Date:		
Borto Hagen	Secretary	
Signature of Chairman of the Board, a director or any officer	Title of	person signing

FILING FEE S35

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314