(Req	uestor's Name)	
(Add	ress)	<u> </u>
(Add	ress)	
(City,	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



000298684780

MAY 05 2017 R. WHITE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 627454 7269114

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : May 4, 2017

ORDER TIME : 10:26 AM

ORDER NO. : 627454-005

CUSTOMER NO: 7269114

FOREIGN FILINGS

NAME: HEALTH ADVOCATE, 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: Melissa Zender -- EXT# 62956

EXAMINER:

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.)

SECTION I (1-3 MUST BE COMPLETED)

	F15000003905		
	(Document number	of corporation (if known)	
Health Advocate, Inc.			
• •	(Name of corporation as it appears	on the records of the Department of State)	
2. Delaware		3, 09/03/2015	•
(Iı	ncorporated under laws of)	3. (Date authorized to do busine	ess in Florida)
·		CTION II THE APPLICABLE CHANGES)	
4. If the amendment of	changes the name of the corporatio	on, when was the change effected unde	r the laws of
its jurisdiction of i	ncorporation? <u>04/01/2017</u>		
West Health Advocate	Solutions, Inc.		
(Name of corporat appropriate abbre	ion after the amendment, adding suviation, if not contained in new na	offix "corporation," "company," or "ir me of the corporation)	ncorporated," or
(If new name is una business in Florida	available in Florida, enter alternate a)	corporate name adopted for the purpo	
6. If the amendment o	changes the period of duration, ind	icate new period of duration.	
	(Nev	w duration)	# 5
7. If the amendment o	changes the jurisdiction of incorpo	ration, indicate new jurisdiction.	. `
	(New	jurisdiction)	
8. Attached is a certif 90 days prior to de having custody of	ficate or document of similar impolivery of the application to the Descorporate records in the jurisdiction	rt, evidencing the amendment, authent partment of State, by the Secretary of S n under the laws of which it is incorpo	icated not more than state or other official rated.
<	V sam	\$1/huss-	
	(Signature of a director, preson of a receiver or other count a	idest or other officer - if in the hands appointed fiduciary, by that fiduciary)	
David C. Mussman		Secretary	
(Typed or	printed name of person signing)	(Title of person signing	g)

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HEALTH ADVOCATE,

INC.", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "WEST

HEALTH ADVOCATE SOLUTIONS, INC." ON THE THIRTY-FIRST DAY OF

MARCH, A.D. 2017, AT 11:27 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF APRIL,

A.D. 2017 AT 12:01 O'CLOCK A.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.



Authentication: 202483756

Date: 05-04-17