

F97000000583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

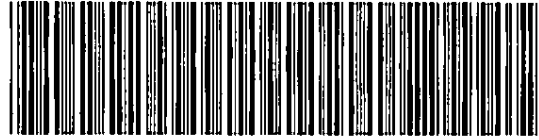
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/15/22--01012--030 **43.75

2022 JUN 15 AM 9:11

10:00

Name Change

SEP 02 2022

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Disability Management Services, Inc. d/b/a New England Claims Administration Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F97000000583

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maureen A. Cowie

Name of Contact Person

Disability Management Services, inc.

Firm/Company

One Park Place, Suite 250, 300 S. State Street

Address

Syracuse, NY 13202

City/State and Zip Code

maureen_cowie@DI-Mgmt.com

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

For further information concerning this matter, please call:

Maureen Cowie at (315) 399-1325

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JUN 15 AM 9:11

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)

F97000000583

(Document number of corporation (if known))

1. Disability Management Services, Inc. d/b/a New England Claims Administration Services, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Connecticut 3. 2/4/1997
(Incorporated under laws of) (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? June 1, 2022
5. Davies Life & Health, 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.

n/a
(New duration)

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

n/a
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent n/a
(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

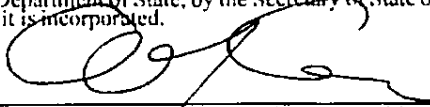
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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CLERK OF THE COURT
JULIA A. BROWN

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
n/a	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. 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)

Andrew J. Cohen

(Typed or printed name of person signing)

Secretary & General Counsel

(Title of person signing)

FILING FEE \$35.00

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: June 03, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name: DAVIES LIFE & HEALTH, INC.

Business ALEI: US-CT.BER:0519139

Formation Date: 07/24/1995

Name Change History

<i>Filing Type</i>	<i>Filing Date</i>	<i>Previous Name</i>	<i>Updated Name</i>
Certificate of Amendment	06/01/2022	Disability Management Services, Inc.	DAVIES LIFE & HEALTH, INC.



Secretary of the State

Business ALEI: US-CT.BER:0519139

Note: To verify this certificate, visit Business.ct.gov

Certificate Number: C-00048525