

MO1000002545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

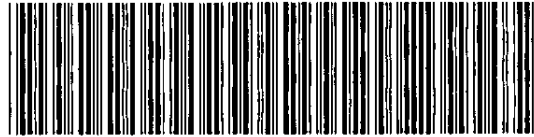
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
16 MAR -2 AM 11:50
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OFFICE OF FILING

FILED
16 MAR -2 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 03 2016
J. HARRIS

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

ACCOUNT NO. : I20000000195

REFERENCE : 038100 7330884

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 29, 2016

ORDER TIME : 12:15 PM

ORDER NO. : 038100-055

CUSTOMER NO: 7330884

FOREIGN FILINGS

NAME: HEALTHPORT TECHNOLOGIES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HealthPort Technologies, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M01000002545

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 11/13/2001

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CIOX Health, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

_____, Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Lori Reel
Signature of the authorized representative

Lori Reel

Typed or printed name of signee

Filing Fee: \$25.00

FILED
16 MAR -2 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF CERTIFIED COPY

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

CIOX HEALTH, LLC

a Domestic Limited Liability Company

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 12828781
Date Inc/Auth/Filed : 10/26/2001
Jurisdiction : Georgia
Print Date : 03/01/2016
Form Number : 215



B. P. Kemp

Brian P. Kemp
Secretary of State

EXHIBIT "CIOX HEALTH, LLC" TO CERTIFICATE OF CERTIFIED COPY

Filing Description

Filed Date

Business Amendment Name Change

Feb 25, 2016



B. P. Kemp

Brian P. Kemp
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, **Brian P. Kemp**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

HEALTHPORT TECHNOLOGIES, LLC

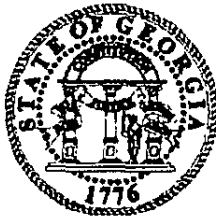
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State, effective **03/01/2016**, changing its name to

CIOX HEALTH, LLC

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 02/25/2016



Brian P. Kemp
Secretary of State



Brian P. Kemp
Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

2018 FEB 23 PM 3:04
SECRETARY OF STATE
CORPORATIONS DIVISION

Articles of Amendment to Articles of Organization

Article One

The name of the limited liability company ("company") is:

HealthPort Technologies, LLC

Article Two

The date the articles of organization were filed was: 10/26/2001

Article Three

The company hereby adopts the following amendment to change the name of the company. The new name of the company is:

CIOX Health, LLC

Article Four

(Check, and if applicable complete, one of the following)

☐ The articles of amendment shall be effective upon the filing with the Secretary of State.

☒ The articles of amendment shall be effective on: 03/01/2016 at _____
(Date) (Time)

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment on

2-19-2016

(Date)

Signature

Lori Reel
Lori Reel, Asst. Secretary on behalf of the Sole Member, Smart Holdings Corp.

Print Name

Capacity (choose one option only): ☐ Organizer

☒ Member

☐ Manager

☐ Court-Appointed Fiduciary

☐ Attorney-in-fact

Email Address: James.Lawton@HealthPort.com

Form CD 115
(Rev. 6/2013)