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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
, (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/23/18--01027--016 **25.00



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

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800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 19, 2018

Order#: 434491-122

Re: DST HEALTH SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. (a)	2500 Corporate Drive	(b) <u></u> 3	333 West 11th Street
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Birmingham, AL 35242	K	ansas City, MO 64105
	01/09/2003	M0	300000097
i.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:
•	1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Plantation , FI	L33 <u>32</u> 4	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:	d Office address	
	Tallahassee F	L32301	
the cha agent v	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere iability compared of the limited e limited liabil	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. i, Authorized Person
Sign	nure of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided the reflect a change in the registered office address, in the din writing of this change.	a nariarmiine	i or mi: annes ana i ami iaminar with ana accen