

M070000446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

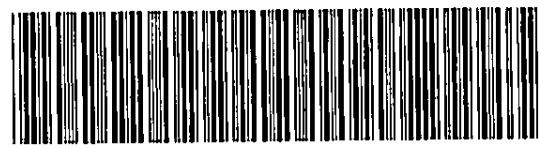
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/29/18--01016--063 \*\*25.00

FILED  
2019 JUN 24 A 3:04  
TALLAHASSEE, FLORIDA

1/28/19 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2018

TONYA HARDING  
5451 LAKEVIEW PKWY S DR  
INDIANAPOLIS, IN 46268

SUBJECT: ARAMARK HEALTHCARE TECHNOLOGIES, LLC  
Ref. Number: M07000004946

We have received your document for ARAMARK HEALTHCARE TECHNOLOGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 618A00024954

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124 10:01

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TMX Healthcare Technologies, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tonya Harding  
Name of Person

TriMedx Holdings, LLC  
Firm/Company

5451 Lakeview Parkway South Drive  
Address

Indianapolis, IN 46268  
City/State and Zip Code

tonya.harding@trimedx.com  
E-mail address: (to be used for future annual report notification)

FILED  
2013 JUN 21 11 A 3 01  
TALLAHASSEE, FLORIDA  
REGISTRATION SECTION

For further information concerning this matter, please call:

Tonya Harding at ( 317 ) 644-5482  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Aramark Healthcare Technologies, LLC

Enter new principal office address, if applicable: 5451 Lakeview Parkway South Drive

Indianapolis, IN 46268

*(Principal office address*

*MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:

5451 Lakeview Parkway South Drive

*(Mailing address*

*MAY BE A POST OFFICE BOX)*

Indianapolis, IN 46268

2. The Florida document number of this limited liability company is: M07000004946

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 8/13/2007

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

5. New name of the limited liability company: TMX Healthcare Technologies, 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:

*Thereby 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

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2019 JUN 24 A 3:01  
TALLAHASSEE COUNTY FLORIDA

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)(c), indicate that change:

TriMedx Holdings, LLC (sole member)

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>CEO</u>	<u>Henry Hummel</u>	<u>5451 Larenew Parkway South Drive, Indianapolis, IN 46268</u>	<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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<u>Secretary</u>	<u>Tim McGeath</u>	<u>5451 Larenew Parkway South Drive, Indianapolis, IN 46268</u>	<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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<u>CFO</u>	<u>Chris Dunkerley</u>	<u>5451 Larenew Parkway South Drive, Indianapolis, IN 46268</u>	<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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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.

*Tim McGeath*

Signature of the authorized representative

Tim McGeath, Secretary

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2019 JUN 24 AM 9:01  
INDIANAPOLIS, IN  
STATE  
CLERK

# Delaware

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TMX HEALTHCARE TECHNOLOGIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TMX HEALTHCARE TECHNOLOGIES, LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

RECEIVED  
NOV 28 11 30 AM '18  
SECRETARY OF STATE  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

2563970 8300

SR# 20187743373

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203980776

Date: 11-28-18