

4/1/2014 11:23:41 From: To: 8506176383

Division of Corporations

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MOS 000000518

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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2014 APR - 1 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
14 APR - 1 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALTH SYSTEMS INTERNATIONAL OF INDIANA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

APR - 2 2014

CLINE

MOS-518

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Systems International, LLC DBA: Health Systems International of Indiana, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

accounting@equian.com

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

For further information concerning this matter, please call:

Amy Stuart _____ at (317) 221-2882
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

CR2B055 (12/13)

FILED
2014 APR -1 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Health Systems International, LLC DBA: Health Systems International of Indiana, LLC

2. Jurisdiction of its organization: Indiana

3. Date authorized to do business in Florida: 01/31/2008

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Equian, LLC

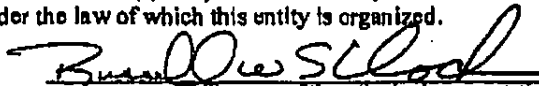
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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.")

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

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

7. Attached is an original 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.


Signature of the authorized representative

Russell W. Sherlock

Typed or printed name of signer

Filing Fee: \$25.00

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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF FACT

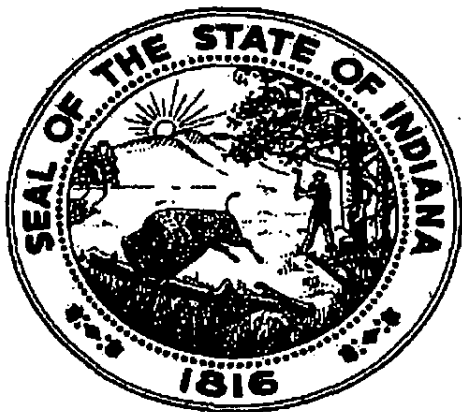
To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the state of Indiana, the custodian of corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

EQUIAN, LLC

Health Systems International LLC filed Articles of Amendment on 3/7/2014 to change the name to Equian, LLC.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the state of Indiana, at the City of Indianapolis, this Friday, March 28, 2014

Connie Lawson

CONNIE LAWSON, Secretary of State

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