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	Division of Co	orporations		
	Fax Number	: (850)617-6383		
From:				- * '
	Account Name	: C T CORPORATION SYSTE	М	
	Account Number	r : FCA000000023		
	Phone	: (614)280-3338		٠.٠
	Fax Number	: (954)208-0845		,
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AUG 0 5 2019

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 appear	rs on the records	of the Florida Depa	irtment of	
State: HealthSmart Holdings II, LLC				
Finter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable:	7700 Forsyth B	lvd.	<u>.</u>	2018
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BON</u>)	St. Louis, MO (3105		کن
2. The Florida document number of this limited li	ability company	s: M11000000194		5 PH 4:3
3. Jurisdiction of its organization: Texas		<u></u>	· ·	<u> </u>
4. Date authorized to do business in Florida: 1/14				
SECTION II (5-9 complete only the applicable	changes)			
5 New name of the limited liability company:	st contain "Limit	ed Liability Compa	ny, " "L.L.C.," or "	LLC.")
HealthSmart Benefits Management, LLC		-		•
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or me must contain "Limited Liability Company," "L.L.	anaging members	of transacting busi adopting the altern	ness in Florida and a nate name. The altern	ittach u nate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	<u>iddress here:</u>	s on our records, <u>er</u>	nter the name of the	new
Name of New Registered Agent: C.T Corporation				
New Registered Office Address: 1200 South Pin	e Island Road	F Pl C.		
Pia	antation	Enter Florida St	33474	
<u></u>		ity	, Florida Zip Cod	le
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the second company has been notified in writing the second company has been notified in writing of the second company has been notified in writing the second company has been notified in the second company has been notified in the second co	ent and agree to r and complete p stered agent as p e in the registered	erformance of my o covided for in Chap	luties, and Lam fami iter 605, F.S. Or. if t	iliar with This
Alfred Younan — (i) Assistant Secretary	Changing Registe	ged gent, Signatu	re of New Registere	d Agent

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
itle/ Capacity	Name	Address	Type of Action			
1GR	Jeffrey Schwancke	7700 Forsyth Blvd.	Ndd			
		St. Louis, MO 63105	Remove			
1GR	Keith H. Williamson	7700 Forsyth Blvd.	2019 Add			
		St. Louis, MO 63105				
IGR	Jesse Hunter	7700 Forsyth Blvd.				
		St. Louis, MO 63105	Remove			
MGRM HealthSmart Holdings, Inc.	HealthSmart Holdings, Inc.	222 W Las Colinas Blvd, Sie, 500N	Add			
	trying, TX 75039	Remove				
			Add			
			Remove			
aforementio	a certificate, if required; no more the ned amendment(s), duly authenticat under the law of which this entity is	ed by the official having custody of records in	the			
		are of the authorized representative				
	Signatu	re of the authorized representative				
	Jeanne Nelson					

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HealthSmart Benefits Management, LLC (file number 801192721), a Domestic Limited Liability Company (LLC), was filed in this office on November 11, 2009.

It is further certified that the entity status in Texas is in existence.

APPROVIL ARD FILLD 2019 AUG - S PH 4:

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 01, 2019.



Jose A. Esparza Deputy Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 904114300009