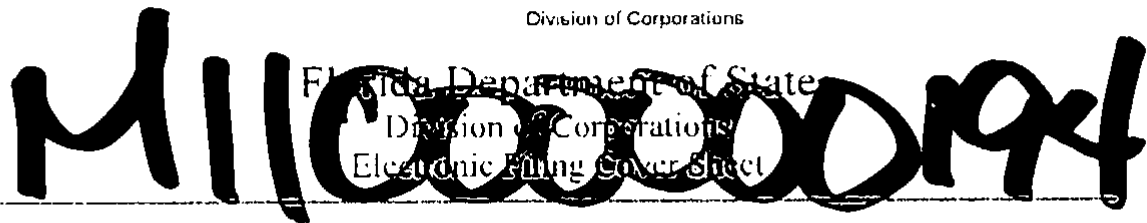


8/1/2019

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002304103)))



H190002304103ABCU

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
19 AUG -2 PM12:31
SECRETARY OF STATE
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALTHSMART HOLDINGS II, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Please Honor Original Date of 8/1/19 Thank you

Electronic Filing Menu

Corporate Filing Menu

Help

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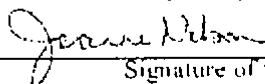
AUG 05 2019

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>
MGR	Jeffrey Schwaneke	7700 Forsyth Blvd.	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63105	<input type="checkbox"/> Remove
MGR	Keith H. Williamson	7700 Forsyth Blvd.	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63105	<input type="checkbox"/> Remove
MGR	Jesse Hunter	7700 Forsyth Blvd.	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63105	<input type="checkbox"/> Remove
MGRM	HealthSmart Holdings, Inc.	222 W Las Colinas Blvd, Ste. 500N	<input type="checkbox"/> Add
		Irving, TX 75039	<input checked="" 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.


Signature of the authorized representative

Jeanne Nelson

Typed or printed name of signer

Filing Fee: \$25.00

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.

APPROVED
AND
FILED
2019 AUG - 5 PM 4:37

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.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a surname.

Jose A. Esparza
Deputy Secretary of State