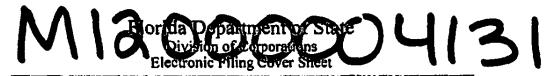
Division of Corporations

Page 1 of 1



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.

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!	Account Number : FCA00000002 Phone : (850)205-88 Fax Number : (850)878-53	3 42		THE PROPERTY OF THE PARTY OF TH
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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

	istration Section sion of Corporations						
SUBJECT:	leds Holdings, LLC dba 1	Medicald	Eligibi	ility	& Denial	Solutions,	LLC
	Name of Foreign	Limited Liabi	lity Compa	iny			
Dear Sir or	Madam:						
The enclose	d application, certificate and fee(s) as	re submitted fo	or filing.				
Please return	n all correspondence concerning this	matter to the i	following:				
	Name of Person		-				
	Firnt/Company		-				
	Address		-				
	City/State and Zip Code	 _	-				
	@Dentons.com dress: (to be used for future annual r	eport notifica					
For further i	nformation concerning this matter, p	lease call:					
Susa	m Berter	at (814	1-460	- 26	08		
	Name of Person	Area Code	& Daytime	e Telepho	ne Number		
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ion Building I Executive Center Circle ahassee, Florida 32301		Registra Division P.O. Bo		ion		
Enclosed is \$25 Filin	Certificate of Status	S55 Filin Certified		Certif	iling Fee, icate of Statu fied Copy	ns &	

PLANE ASSESSMENT PROPERTY AND ADVANCED PROPERTY.

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)

Name of limited liability Comp Meds Holdings, LL State:	any as it appears on the rec C dba Medicaid El	ords of the Flor	ida Departme & Denial	nt of Solutions,	LLC
2. The Florida document number of thi	s limited liability company	is: <u>M120000041</u>	31		
3. Jurisdiction of its organization: Dela	ware				
4. Date authorized to do business in Fl	orida: 07/20/2012			_	
SECTION II (5-9 complete only the	applicable changes)				
5. New name of the limited liability co	mpany: Bolder Outreach Soli	itions, LLC			
	(must contain "Limited!	Liability Company, "	"L.L.C.," or "Ll	.C.")	
(If name unavailable, enter alternate name adopted consent of the managers or managing members adopted Company," "L.L.C." or "LLC.")	or the purpose of transacting busine ning the alternate same. The alterna	es in Florida and attale name nust contain	ach a copy of the to n "Limited Liabili	written ly	
6. If amending the registered agent and the new registered agent and/or the new	or registered office addres registered office address l	s on our records here:	s, enter the na	me of	
Name of New Registered Agent:	·	·····		_	
New Registered Office Address:	Caree E	lorida Sireei Address		_	
	CHILI P	_			
~	City	, Flor	ida Zip Çode		
New Registered Agent's Signature, if of I hereby accept the appointment as reg comply with the provisions of all statut duties, and I am familiar with and acceprovided for in Chapter 605, F.S. Or, if registered office address, I hereby conjuriting of this change.	Istered agent and agree to es relative to the proper an pt the obligations of my po f this document is being file	act in this capa nd complete per sition as registe ed to merely ref	formance of n ered agent as lect a change	ny in the	
<u>.</u>	If Changing Registered Agent, Signal	ure of New Registered	Arent		
7. If the amendment changes the jurisc					
				,	
				T 5 (UX	



June 24, 2015

FLORIDA DEPARTMENT OF STATE

MEDICALD ELIGIBILITY & DENIAL SOLUTIONS, LLC 540 SOUTH PINE MEADOW DRIVE DEBARY, FL 32713

SUBJECT: MEDICAID ELIGIBILITY & DENIAL SOLUTIONS, LLC

REF: M12000004131

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H15000154777 Letter Number: 215A00013220

> *RE-SUBMIT* Please retain origin

date of submission 6/23

P.O BOX 6327 - Tallahassee, Florida 32314

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aforementioned.	rtificate, if required: no more th amendment(s), duly authentica or the law of which this entity is	sed by the official having ous	
	Signature of th	e authorized representative	
	Steven L. Rist		

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MEDS HOLDINGS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BOLDER OUTREACH SOLUTIONS, LLC", THE TWENTIETH DAY OF MAY, A.D. 2015, AT 11:31 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

5184948 8320

150960122

You may verify this cortificate online at corp. delaware.gov/authvur.shiml

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 2493189

DATE: 06-23-15