

1/4/23, 9:20 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**M130000031183402**

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(((H230000031183)))



H230000031183ABCS

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)288-0845
Fax Number : (614)573-3996

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GILSBAR, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

APPROVED
AND
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2023 JAN -4 PM 3:20

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JAN 05 2023
K. Brumley

DocuSign Envelope ID: 53F34C15-1755-4F57-93BD-5D849D25E360

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: Gilsbar, L.L.C.

Enter new principal office address, if applicable:

(Principal office address)

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: MI3060003402

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 05/30/2013

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

5. New name of the limited liability company: HealthComp Integrated Solutions, 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:

I hereby 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

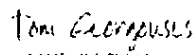
DocuSign Envelope ID: 53F34C15-1755-4F57-83B0-5D849D25E380

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
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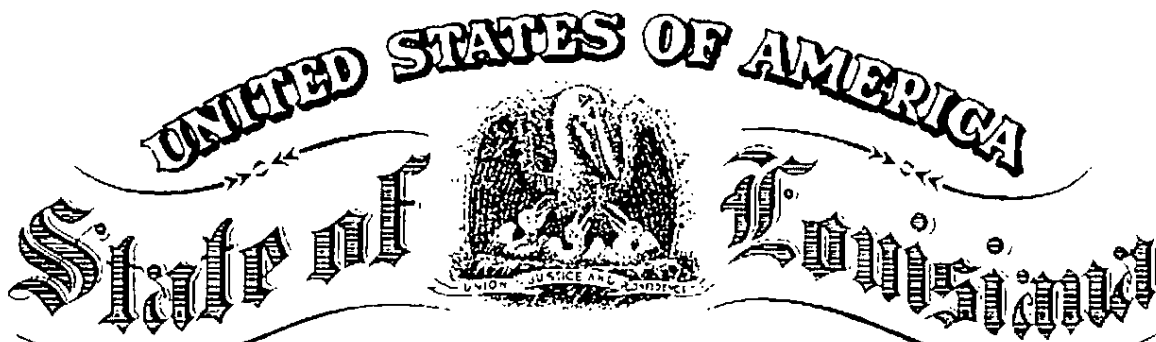
9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity

DocuSigned by:

 1.2802b757082182
 Signature of the authorized representative

Thomas J. Georgoules

Typed or printed name of signee

Filing Fee: \$25.00



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the attached document(s) of

HEALTHCOMP INTEGRATED SOLUTIONS, LLC

are true and correct and are filed in the Louisiana Secretary of State's Office.

45173204

NMCHG

11/29/2022

1

page (s)

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

December 22, 2022

R. Kyle Ardoin

Secretary of State

SS



Certificate ID: 11664904#93P63

To validate this certificate, visit the following
web site, go to **Business Services**, **Search**
for Louisiana Business Filings, **Validate a**
Certificate, then follow the instructions
displayed.

www.sos.la.gov

STATE OF LOUISIANA
NAME CHANGE AMENDMENT

R.S. 12:1309

Old Name:

GILSBAR, L.L.C.

New Name:

HEALTHCOMP INTEGRATED SOLUTIONS, LLC

Date Amendment Adopted:

11/29/2022

Manner of Adoption:

UNANIMOUSLY APPROVED BY MEMBERS

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM A MEMBER/MANAGER.

ELECTRONIC SIGNATURE: THOMAS J. GEORGOUSES (11/29/2022)

TITLE: GENERAL COUNSEL