

M13000003402

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 : (614)230-3338
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
HEALTHCOMP INTEGRATED SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Please honor original submission date of 6/24/2024

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Corporate Filing Menu

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JUL 15 2024

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2024 JUL 12 AM 10:08

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2024 JUL 12 PM 4:33

FILED

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: HEALTHCOMP INTEGRATED SOLUTIONS, LLC

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: M13000003402

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: Personify Health 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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input 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.

Thomas J. Georgoules
Signature of authorized representative

THOMAS J. GEORGIOUSE, SECRETARY OF CANOE TPA HOLDCO, LLC,
THE MEMBER OF HEALTHCOMP INTEGRATED SOLUTIONS, LLC

Typed or printed name of signee

Filing Fee: \$25.00

FILED
JUL 12 AM 4:30
TALLAHASSEE, FL 32301

FILED



Nancy Landry
 SECRETARY OF STATE

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

PERSONIFY HEALTH SOLUTIONS, LLC

A/An LOUISIANA corporation domiciled at COVINGTON,

Filed charter and qualified to do business in this State on April 16, 1959,

I further certify the records of this Office indicate the following previous name(s):

GILSBAR, INC. (Changed: 12/31/2012)

GILSBAR, L.L.C. (Changed: 11/29/2022)

HEALTHCOMP INTEGRATED SOLUTIONS, LLC (Changed: 05/15/2024)

FILED
 JUL 12 AM 4:35
 TALLAHASSEE, FLORIDA

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,

June 20, 2024

Nancy Landry

Secretary of State

SS 24602800K



Certificate ID: 11898136#KUL73

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