



COGENCYGLOBAL

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Date: **February 24, 2021**

Account#: I200000000088

Name: **Ian Reilly**

Reference #: **1325331**

Entity Name: **EVERSIDE HEALTH, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

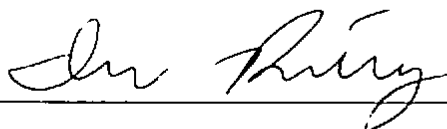
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$25.00**

Signature: 

**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: Paladina Health, 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: M14000000042

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/02/2014

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

5. New name of the limited liability company: Everside Health, 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 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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Authorized Rep</u>	<u>Greg Mayers</u>	<u>1551 Wewatta St</u>	<input type="checkbox"/> Add
		<u>Denver, CO 80202</u>	<input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Ranmali Bopitiya</u>	<u>1400 Wewatta St, Ste 350</u>	<input checked="" type="checkbox"/> Add
		<u>Denver, CO 80202</u>	<input type="checkbox"/> Remove
<u>Treasurer</u>	<u>Neil Flanagan</u>	<u>1400 Wewatta St, Ste 350</u>	<input checked="" type="checkbox"/> Add
		<u>Denver, CO 80202</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<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.

Christopher T. Miller
Christopher T. Miller (Feb 11, 2021 12:21 PM)

Signature of the authorized representative

Chistopher Miller, CEO, Member, Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PALADINA HEALTH, LLC", CHANGING ITS NAME FROM "PALADINA HEALTH, LLC" TO "EVERSIDE HEALTH, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF FEBRUARY, A.D. 2021, AT 2:51 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5042554 8100
SR# 20210405061

Authentication: 202510468
Date: 02-15-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Paladina Health, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company shall be changed from Paladina Health, LLC to Everside Health, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 10th day of February, A.D. 2021.

By: 

Authorized Person(s)

Name: Christopher Miller, CEO

Print or Type