Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\* Email Address:

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OUTCOMES HEALTH CONNECTIONS, LLC

Certificate of Status	of Status 0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

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Corporate Filing Menu

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MAY 2 1 2014

J. BRUCE

5/20/2014

### **COVER LETTER**

TO: Registration Section Division of Corporations	·					
SUBJECT: Outcomes Health Connections, LL	c			_		
Name of Por	eign Limited I	isbility Con	apany			
Dear Sir or Madem:	•					
The enclosed application, certificate and fee	(s) are submitt	ed for filing.				
Please return all correspondence concerning	this matter to	the following	g:			
Jeffrey R. Jones						
Name of Person						
Outcomes Health Connections, LLC		٠				
Firm/Company	<del></del>	<del></del>				
14261 Commerce Way,				•		
Address	·				291	
Miami Lakes, FL 33016		•		22.73	2814 HAY	
City/State and Zip Co	pde			100	Y 20	W. Miles
jeffrey.jones@outcomesHC.com				211-5	_	
B-mail address: (to be used for future annu	ual report sotif	ication		,	K	3,000
For further information concerning this matte	er, please call:	,		- 第音 -	2: 20	ين پيدائد
Jeffrey Jones	at (404	<u></u>				
Name of Person	Arca C	ode & Dayti	me Telephone Number			
STREET/COURIER ADDRESS: Registration Section		Regist	LING ADDRESS: tration Section			
Division of Corporations			on of Corporations			
Clifton Building			Box 6327 nassee, Florida 32314			
2661 Executiva Center Circle Tallahassee, Florida 32301		1 97191	189266' LIGHUR 27214			
Enclosed is a check for the following amou \$\sum \\$25 \text{Filing Fec} \square \\$30 \text{Filing Fec & Certificate of State}	🗅 \$55 Fi	ling Fee & ed Copy	☐ \$60 Filing Fee, Certificate of State	us &		
· Outmone of our		u vy	Certified Copy	<del></del>		
CR2B055 (12/13)			•			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of State: Outcomes Health Connections, LLC
2. Jurisdiction of its organization: Georgia
3. Date authorized to do business in Florida: 01/08/2014
SECTION II (4-7 complete only the applicable changes)
4. New name of the limited liability company:  (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.")
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  Delaware
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
Harry Car
7. Attached is an original 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 less of which this entity is organized.
Michele L Hass, Chief Financial Officer
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A GEORGIA LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY OF "OUTCOMES HEALTH CONNECTIONS, LLC", WAS FILED IN THIS OFFICE ON THE TENTH DAY OF JANUARY, A.D. 2014, AT 12:33 O'CLOCK P.M.

DATE: 05-15-14