

6/9/22, 1:00 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M14000001385

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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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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
KANTAR HEALTH LLC

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

2022 JUN -9 PM 1:29

2022 JUN -9 AM 9:04
APPROVED
AND
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JUN 10 2022

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: Kantar Health LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

2800 Rock Creek Parkway

North Kansas City, MO 64117

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2800 Rock Creek Parkway

North Kansas City, MO 64117

2. The Florida document number of this limited liability company is: M14000001485

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/27/2014

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

5. New name of the limited liability company: Cenex Enviza 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

City, Florida 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

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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>
CFO	Gish, William	2800 Rock Creek Parkway	<input type="checkbox"/> Add
		North Kansas City, MO 64117	<input checked="" type="checkbox"/> Remove
Asst. Treasurer	Richardson, Sean	2800 Rockcreek Parkway, Suite 400	<input type="checkbox"/> Add
		North Kansas City, MO 64117	<input checked="" type="checkbox"/> Remove
President	Kelly, Mike	2800 Rockcreek Parkway	<input type="checkbox"/> Add
		North Kansas City, MO 64117	<input checked="" type="checkbox"/> Remove
EVP	Erceg, Mark	2800 Rockcreek Parkway	<input type="checkbox"/> Add
		North Kansas City, MO 64117	<input checked="" type="checkbox"/> Remove
EVP	Devers, Daniel	2800 Rockcreek Parkway	<input type="checkbox"/> Add
		North Kansas City, MO 64117	<input checked="" 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.

/s/ Sean Richardson

Signature of the authorized representative

Sean Richardson, Assistant Treasurer

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KANTAR HEALTH LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CERNER ENVIZA LLC" ON THE TWENTIETH DAY OF DECEMBER, A.D. 2021, AT 10:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2022.



3380849 8320
SR# 20222671772

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203636774
Date: 06-09-22