

MI4000004670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

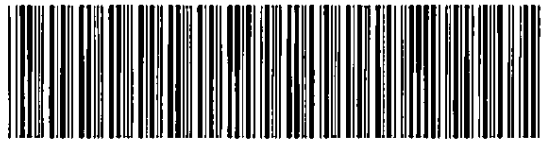
(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/23--01005--016 **25.00

FILED
2023 MAR 10 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



March 9, 2023

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303

Attached are the following documents for filing name change of a business in the State of Florida from Convergys Learnings Solutions LLC to Concentrix Healthcare Services LLC:

1. Check payable to Florida Department of State in the amount of \$25.00;
2. Amendment to Certificate of Authority to Transact Business in Florida; and
3. Certificate from the State of Delaware evidencing name change in jurisdictional state.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan B. Stewart".

Susan B. Stewart
Specialist, Corporate Governance

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Convergys Learning Solutions LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Stewart

Name of Person

Concentrix Healthcare Services LLC

Firm/Company

201 E Fourth Street

Address

Cincinnati, OH 45202

City/State and Zip Code

susan.stewart@concentrix.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Stewart

Name of Person

at (513) 723-2443

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Convergys Learning 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: M14000004670

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/27/2014

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

5. New name of the limited liability company: Concentrix Healthcare Services 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)(c), indicate that change:

See attached.

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



Signature of the authorized representative

Andrew A. Farwig, Manager

Typed or printed name of signee

Filing Fee: \$25.00

Concentrix Healthcare Services LLC

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Christopher A. Caldwell	39899 Balentine Drive, Suite 235 Newark, CA 94560	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	Jane C. Fogarty	39899 Balentine Drive, Suite 235 Newark, CA 94560	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Jane C. Fogarty	39899 Balentine Drive, Suite 235 Newark, CA 94560	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Secretary	Andrew A. Farwig	201 E Fourth Street Cincinnati, OH 45202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer	David R. Wiedwald	201 E Fourth Street Cincinnati, OH 45202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CFO	Andre S. Valentine	201 E Fourth Street Cincinnati, OH 45202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

Delaware

The First State

Page 1

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 "CONCENTRIX CVG
LEARNING SOLUTIONS LLC", CHANGING ITS NAME FROM "CONCENTRIX CVG
LEARNING SOLUTIONS LLC" TO "CONCENTRIX HEALTHCARE SERVICES
LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF JUNE, A.D. 2022,
AT 2:45 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

3119692 8100
SR# 20230549678

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

Authentication: 202772658
Date: 02-23-23

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Concentrix CVG Learning Solutions LLC

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

Article First of the Certificate of Formation is amended to read as follows:

First: The name of the limited liability company is Concentrix Healthcare Services LLC (the "Company").

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 8 day of June, A.D. 2022.

By: 

Authorized Person(s)

Name: Jane Catherine Fogarty

Print or Type