M14000007207

(Re	questor's Name)						
(Ad	dress)						
(Ad	dress)						
•	•						
(0)	- /Ct-t-/7:-/Db	- 10					
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Bu	siness Entity Nan	ne)					
(Do	cument Number)						
(23							
- · · · · · · · · · · · · · · · · · · ·	a de la companya de						
Certified Copies Certificates of Status							
Special Instructions to	Filing Officer:						
ļ							
		İ					
<u> </u>	-						

Office Use Only



500307584575

... 01/11/18--01012--023 **25.00

JAN 11 2016 Y SULKER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington | De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: January 9, 2018

Order#: 974538-076

Re: COTIVITI USA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ume of the limited	liability compan	y: COTIVITI US	SA, LLC					·
2	(a)	50 Danbury Road	d		(b)					
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Wilton	СТ	06897						
		10/06/2014			 ;	M140000	07207			
3.		Date of f	iling/registration	in Florida	4.		Documen	it number		
5.	(a)	_ C T CORPOR	ATION SYSTEM				_			
		Registered Agent and	l Registered Office s	hown on the records	of the Florida I	Dept. of State	<u>:</u> :			
		1200 SOUTH PINE ISLAND ROAD					_			
		Registered Office Ad	ldress (MUST BE	E FLORIDA STREE	ET ADDRESS)			_ ,, ;		
	•						-		2 8	
	•	PLANTATION		,	FL <u>33324</u>			上 注 表記	JAN 1	· .
	(b)	Corporation Sen	vice Company				ł		***	
		Enter name of <u>NEW</u>	Registered Agent a	nd/or <u>NEW Register</u>	red Office addr	ess:		F. S.	ı Z	
		1201 Hays Stree	et .					PATE ORIO	PM :2: 4:9	N.
		NEW Registered Off) 		

		Tallahassee		·	FL_32301_					
the age wa	e cha ent v is/we	mited liability cornge or changes are all be identical. Core authorized by a cles of organization	e made, the Flori Or, in the case of an affirmative vot	da street address a Florida limited te of the member	of the registe l liability com s of the limite he limited lia	ered office ipany, it is ed liability ibility com	and the b s hereby cover y company pany.	usiness office on firmed that the for as otherwise	of the r	egistered ige(s)
	Signat	ure of a member or au	thorized representati	ve of a member	Jill Cil	lmi, Author	rized Pers Printed or t	on typed name of sign	ee	
Th pro the to	ierel ovisi obli mere	ov accept the appo ons of all statutes igations of my pos ly reflect a chang I'in writing of this	vintment as regist relative to the pr ition as registere e in the registere	tered avent and a	igree to act in ite performan ded for in Ch I hereby con	n this capa ice of my a apter 605 firm that i	acity: I for	ther garee to	amalu	with the id accept ing filed s been
Sig	gnatu	re of Registered Agent	Corporation Se	crvièe Company	y BY: Gra	ice E. Kir	by, Asst.	Vice Presider	nt	