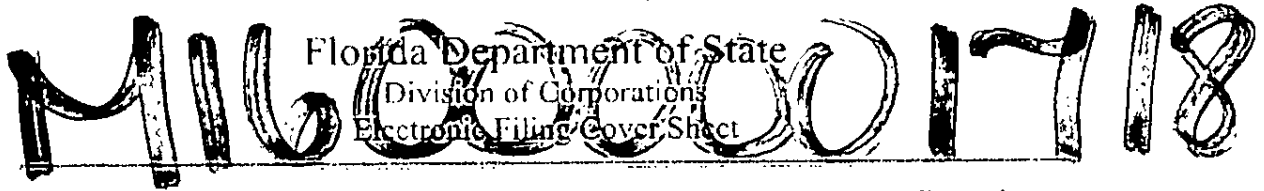


4/22/2019

Division of Corporations



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.

(((H19000131372 3)))



H190001313723ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

APPROVED
AND
FILED

2019 APR 22 AM 10:54

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COGNOSANTE CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

need certificate

Electronic Filing Menu

Corporate Filing Menu

Help

*T.G.
4/23/19*

**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: Cognosante Consulting, LLC
2. The Florida document number of this limited liability company is: M16000001718
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 02/29/2016

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

5. New name of the limited liability company: NTT DATA State Health Consulting, 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

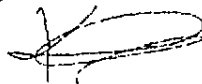
Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida Street Address

Plantation, Florida 33324
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.



Kimberly Bowens, Asst. Secretary

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)(e), indicate that change:

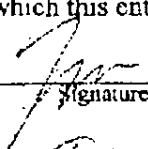
Member change

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	COGNOSANTE HOLDINGS, LLC	3110 Fairview Park Drive	<input type="checkbox"/> Add
		Falls Church VA, 22042	<input checked="" type="checkbox"/> Remove
MBR	NTT Data, Inc.	7950 Legacy Drive, Suite 900	<input checked="" type="checkbox"/> Add
		Plano, TX 75024	<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

2019 APR 22 AM 10:54
STATE OF TEXAS
SECRETARY OF STATE
FILED

APPROVED
AND
FILED

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

Tray Wagon
Typed or printed name of signee

Filing Fee: \$25.00