

2/19/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEST CLAIMS RECOVERY SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

V. SUILKER

FEB 20 2020

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Help

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: West Claims Recovery Services, LLC
2. The Florida document number of this limited liability company is: M16000003893
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 05/16/2016

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

5. New name of the limited liability company: HMS Claims Recovery Solutions, 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: _____

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:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Secretary</u>	<u>Louis Bruculerri</u>	<u>11808 Miracle Drive</u>	<input type="checkbox"/> Add
		<u>Omaha, NE 68154</u>	<input checked="" type="checkbox"/> Remove
<u>CFO</u>	<u>Nancy Dismar</u>	<u>11808 Miracle Drive</u>	<input type="checkbox"/> Add
		<u>Omaha, NE 68154</u>	<input checked="" type="checkbox"/> Remove
<u>Treasurer</u>	<u>Chris Wikoff</u>	<u>11808 Miracle Drive</u>	<input type="checkbox"/> Add
		<u>Omaha, NE 68154</u>	<input checked="" type="checkbox"/> Remove
<u>President</u>	<u>H Matthew Yost</u>	<u>11808 Miracle Drive</u>	<input type="checkbox"/> Add
		<u>Omaha, NE 68154</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>Joan Shlonsky</u>	<u>11808 Miracle Drive</u>	<input type="checkbox"/> Add
		<u>Omaha, NE 68154</u>	<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.

Humbert J. Day
Signature of the authorized representative

Typed or printed name of signer

Filing Fee: \$25.00

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>
President & CEO	William C. Lucia	5615 High Point Drive	<input checked="" type="checkbox"/> Add
		Irving, TX 75038	<input type="checkbox"/> Remove
EVP, CFO & Treasurer	Jeffrey S. Sherman	5615 High Point Drive	<input checked="" type="checkbox"/> Add
		Irving, TX 75038	<input type="checkbox"/> Remove
EVP, Chief Legal Officer & Corp. Secretary	Meredith W. Bjorck	5615 High Point Drive	<input checked="" type="checkbox"/> Add
		Irving, TX 75038	<input type="checkbox"/> Remove
Asst. Sec.	Kimberly J. Day	5615 High Point Drive	<input checked="" type="checkbox"/> Add
		Irving, TX 75038	<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.

Kimberly J. Day
Signature of the authorized representative

Kimberly J. Day
Typed or printed name of signer

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 "WEST CLAIMS RECOVERY
SERVICES, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME
TO "HMS CLAIMS RECOVERY SOLUTIONS, LLC" ON THE TWENTY-THIRD DAY
OF DECEMBER, A.D. 2019, AT 4:21 O'CLOCK P.M.



5624367 8320
SR# 20201240273

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

A handwritten signature in black ink, appearing to read "JB", 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: 202414321
Date: 02-19-20