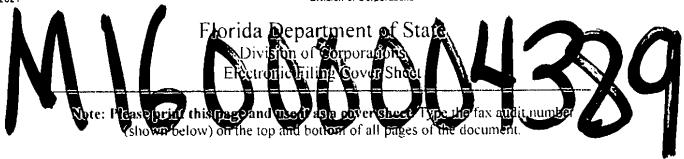
3/16/2021

Division of Corporations



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To:

F 🗫: 2 of 4

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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHANGE HEALTHCARE RESOURCES LLC

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

MAR 17 2021

M. SOLOMON

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Corporate Filing Menu

Help

To: 18506176383

From: James Tanks III

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

2021-03-16 12:25:26 CST

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appear | rs on the records of the Florida Department of | |
|---|--|----------|
| State: Change Healthcare Resources LLC | | |
| Enter new principal office address, if applicable: | 424 Church Street, Suite 1400, Nashville, TN 37219 | |
| (<u>Principal office address</u> <u>MUST RE A STREET ADDRESS</u>) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 424 Church Street, Suite 1400, Nashville, TN 37219 | |
| 2. The Florida document number of this limited lie | ability company is: M16000004389 | |
| 2. The Florida document number of this immedia | ability company is: | |
| 3. Jurisdiction of its organization: DE | <u> </u> | رب ا |
| 4. Date authorized to do business in Florida: 06/0 | 02/2016 - 글 | <u> </u> |
| SECTION II (5-9 complete only the applicable | changes) | |
| 5. New name of the limited liability company: (must | st contain "Limited Liability Company, " "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L. | d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name C." or "LLC.") | ie |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a | red officer address on our records, enter the name of the new | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida Street Address | |
| | , Florida | |
| | City Zip Code | |
| the provisions of all statutes relative to the proper and accept the obligations of my position as regis | ent and agree to act in this capacity. I further agree to comply wir and complete performance of my duties, and I am familiar with aered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited | ľ |
| - If C | Changing Registered Agent, Signature of New Registered Agent | |

From: James Tanks III

| itle/ Capacity | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|---|---|----------------|
| dember | Change Healthcare Resources Holdings, Inc | 424 Church Street, Suite 1400 | IAdd |
| | | Nashville, TN 37219 | □Remove |
| | | | |
| | | | □Remov |
| | | | DAdd |
| | | | □Remov |
| | | | Remov |
| | | | □Add |
| aforementio | a certificate, if required; no more than 90 of more amendment(s), duly authenticated by under the law of which this entity is organized. Rula: A least Signature of the content of the certification of the certification. | the official having custody of records in the fized. | Remov |

2021-03-16 12:25:26 CST

Filing Fee: \$25.00

Typed or printed name of signee