## M/600000 5694

(F	Requestor's Name)						
	Address)						
(A	Address)						
(0	City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(E	Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							

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RAROCHS

FEB 1 2 2020 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: January 14, 2020

Order#: 122392-174

Re: COGNIZANT HEALTHCARE SERVICES, 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: Matthew Ermak
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.

OUCA.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	me of the limited liability company: COGNIZANT I	HEALTHC	ARE SERV	/ICES, LLC				
2 (	a)	500 Frank W. Burr Boulevard		(b) 500 Frank W. Burr Boulevard					
-: (u)	·- / -	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
		Teaneck NJ 07666	<del></del>	Teaneck, NJ 07666					
		07/15/2016		M160000	005694				
3.		Date of filing/registration in Florida	4.		Document numb	ber	-		
5. (	(a)	CT CORPORATION SYSTEM							
J. (4)		Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	le:				
		1200 SOUTH PINE ISLAND ROAD							
		Registered Office Address (MUST BE FLORIDA STREET	_	SECRE	2020 JAN 15	<del></del>			
		PLANTATION	I. <u>33324</u>	<u>,                                      </u>	_	1387 4887	N 15		
(b)	b)	Corporation Service Company					P		
	-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	_	1,41; 9,610)	5: 18				
		1201 Hays Street				12.	ω		
		NEW Registered Office Address:			_				
					_				
		Tallahassee, F	L <u>32301</u>		_				
the ager	cha it w /we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co of the lim	stered officompany, it in ited liabilit	ce and the busines is hereby confirm ty company or as	ss office ned that	of the	registered inge(s)	
		ture of a member or authorized representative of a member	Jill (	Cilmi, Autho	orized Person Printed or typed no	omo of cia			
I he prov the to to m noti	erel visi obli nere fiec	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing in the registered agent as providely reflect a change in the registered office address, and in writing of this change.	e perform led for in ( I hereby co	ance of my Chapter 60: onfirm that	pacity. I further of duties, and I am 15, F.S. Or, if this t the limited liabil	agree to familian s docume lity comp	compl r with i ent is b pany h	y with the and accept peing filed as been	
Sign	atu	re of Registered Agent Corporation Service Company	BY: G	race E. kir	rby, Asst. Vice !	Preside <sup>1</sup>	nt		