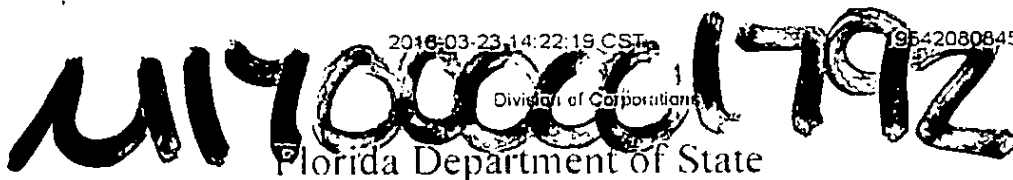


3/23/2018

2018-03-23 14:22:19 CST

9542080845 From: Ranae McGraw



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H18000094211 3)))



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
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
MCKESSON TECHNOLOGIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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: McKesson Technologies LLC
2. The Florida document number of this limited liability company is: M17000001792
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 03/01/2017

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

5. New name of the limited liability company: Change Healthcare Technologies, LLC
(must contain "Limited Liability Company," "LLC," or "LLCS")

(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," "LLC," or "LLCS.")

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

City

Florida

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.

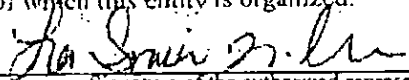
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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.



 Signature of the authorized representative

La Sonia Moss

 Typed or printed name of signee

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MCKESSON TECHNOLOGIES LLC". CHANGING ITS NAME FROM "MCKESSON TECHNOLOGIES LLC" TO "CHANGE HEALTHCARE TECHNOLOGIES, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2017, AT 10:24 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2017 AT 11:59 O'CLOCK P.M.

2018 MAR 23 A 11:59




Jeffrey W. Bullock, Secretary of State

2075933 8100
SR# 20181738646

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

Authentication: 202266683
Date: 03-06-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:24 AM 12/29/2017
FILED 10:24 AM 12/29/2017

SR 2017343405 File Number 2035933

**CERTIFICATE OF AMENDMENT TO THE
CERTIFICATE OF FORMATION
OF
MCKESSON TECHNOLOGIES LLC**

The undersigned, being duly authorized to execute and file this Certificate of Amendment to Certificate of Formation for the purpose of amending the Certificate of Formation of McKesson Technologies LLC, pursuant to the Section 18-202 of the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:

1. The name of the limited liability company is McKesson Technologies LLC.
2. The Certificate of Formation of the limited liability company is hereby amended by deleting the first paragraph in its entirety and replacing it with the following:
"1. The name of the limited liability company is Change Healthcare Technologies, LLC."
3. This amendment shall become effective at 11:59 p.m. (EST) on December 31, 2017.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on December 29, 2017.

MCKESSON TECHNOLOGIES LLC

By: Denise Ceule
Name: Denise Ceule
Title: Assistant Secretary

2018 MAR 23 A 8:15