

2/28/2017

**M170000565543**

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: \_\_\_\_\_

**Foreign Limited Liability Company  
eRx Network, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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S. YOUNG

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3/3/2017 11:15:51 AM PAGE 1/001

Fax Server



March 3, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: ERX NETWORK, LLC  
REF: W17000017336

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H17000056554  
Letter Number: 017A00004114

17 FEB 28 AM 8:18

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. eRx Network, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-1838630  
(FEI number, if applicable)
4. Upon Qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3055 Lebanon Pike, Suite 1000, Nashville, TN 37214  
(Street Address of Principal Office)
6. 3055 Lebanon Pike, Suite 1000, Nashville, TN 37214  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: C T Corporation System  
 Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
 (City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.*

By: Michael Jones Michael Jones, Assistant Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Change Healthcare Solutions, LLC, 3055 Lebanon Pike, Suite 1000, Nashville, TN 37214, Sole Member

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted).

Denise Ceule  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Denise Ceule Authorized Person  
Typed or printed name of signer

17 FEB 28 AM 8:18  
FULL-FILE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3055 LEBANON PKE, SUITE 1000  
NASHVILLE, TN 37215

March 1, 2017

**VIA FACSIMILE TRANSMISSION**

Karen A. Saly  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations

Re: eRx Network, LLC  
Ref No.: W17000017336

Dear Karen,

Please be advised that effective December 30, 2015, eRx Network, L.L.C. was merged with and into Envoy, LLC, which subsequently changed its name to Change Healthcare Solutions, LLC. I have attached copies of Delaware Secretary of State confirmations evidencing said merger and name change. Therefore, we have no intention of reinstating "eRx Network, L.L.C.", and the name is available for use to eRx Network, LLC.

Please feel free to contact me at [lmoss@changehealthcare.com](mailto:lmoss@changehealthcare.com) or 615.932.3183 with questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'La Sonia Moss'.

La Sonia Moss  
Corporate Paralegal

attachments

17 FEB 28 AM 8:18

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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 MERGER, WHICH MERGES:

"ERX NETWORK, L.L.C.", A TEXAS LIMITED LIABILITY COMPANY, WITH AND INTO "ENVOY LLC" UNDER THE NAME OF "ENVOY LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2015, AT 7:14 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTIETH DAY OF DECEMBER, A.D. 2015 AT 1:01 O'CLOCK A.M.

17 FEB 28 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

3153775 8100M  
SR# 20151571945

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Authentication: 10702534  
Date: 12-30-15

# 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 "ENVOY LLC", CHANGING ITS NAME FROM "ENVOY LLC" TO "CHANGE HEALTHCARE SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF DECEMBER, A.D. 2015, AT 11:10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2016 AT 12:01 O'CLOCK A.M.

17 FEB 28 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

3163775 8100  
SR# 20151579708

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Authentication: 10705569  
Date: 12-30-15

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ERX NETWORK, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

17 FEB 28 AM 8:29  
SECRETARY OF STATE  
DELAWARE



6064455 8300

SR# 20171393506

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 202112761

Date: 02-28-17