

M99000001286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

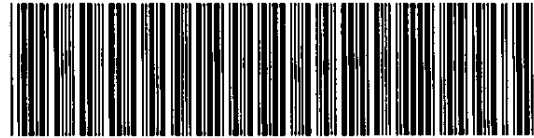
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/20/17--01005--009 **55.00

FEB 21 2017

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 20 AM 8:05



February 17, 2017

Via UPS Overnight Courier

Florida Department of State
Division of Corporations—Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 20 AM 8:05

Re: Amendment to Foreign Registration – **Name Change**

Dear Florida Division of Corporations,

Regarding the attached entity's recent name change in its domestic State of formation, enclosed is our **Application By Foreign Limited Liability Company To File Amendment To Application For Authorization To Transact Business In Florida**, with attached evidence from its domestic State of formation. Also enclosed is our check for payment of your processing fees.

Upon filing, please return file-marked copies of same to the following person (a self-addressed envelope is provided):

Kathy L. Brown, Paralegal
Conduent Business Services, LLC
2828 N. Haskell Ave, Bldg 1, 9th Floor
Dallas, Texas 75204

Thank you for your assistance, and please don't hesitate to contact me directly, should you have any questions or concerns.

Sincerely,

Kathy Brown
Corporate Paralegal
Conduent Business Services, LLC
Direct Dial: 214-841-6346

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xerox State Healthcare, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Brown

Name of Person

Conduent Business Services, LLC

Firm/Company

2828 N. Haskell Ave., 9th Floor

Address

Dallas, TX 75204

City/State and Zip Code

cbs.legal-corporate@conduent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Brown

Name of Person

at (214) 841-6346

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA
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**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: Xerox State Healthcare, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M99000001286

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/29/1999

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

5. New name of the limited liability company: Conduent State Healthcare, 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 officer 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

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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)(e), 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

James Michael Pfeffer, Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

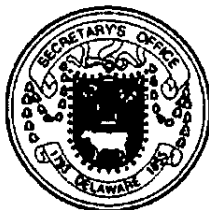
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONDUENT STATE HEALTHCARE, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONDUENT STATE HEALTHCARE, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 1999.

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 20 AM 8:05



3021220 8300

SR# 20170930802

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 in a small font.

Authentication: 202043920

Date: 02-15-17

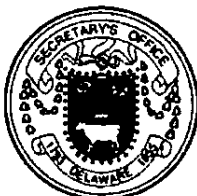
Delaware

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 "XEROX STATE
HEALTHCARE, LLC", CHANGING ITS NAME FROM "XEROX STATE
HEALTHCARE, LLC" TO "CONDUENT STATE HEALTHCARE, LLC", FILED IN
THIS OFFICE ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2017, AT
11:41 O'CLOCK A.M.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 20 AM 8:05



3021220 8100
SR# 20170930758

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202043921
Date: 02-15-17

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:41 AM 02/15/2017
FILED 11:41 AM 02/15/2017
SR 20170918475 - File Number 3021220

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Xerox State Healthcare, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is
Conduent State Healthcare, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 15 day of February, A.D. 2017.

By: Brian Walsh
Authorized Person(s)

Name: Brian Walsh
Print or Type

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SECRETARY OF STATE
17 FEB 20 AM 9:05
TALLAHASSEE FL 32309