

**F14000002923**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

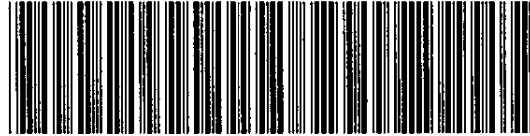
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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AUG 5 2015  
C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EDCO HEALTH INFORMATION SOLUTIONS INC.  
Name of Corporation

**DOCUMENT NUMBER:** F14000002923

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Paula Baker**

Name of Contact Person

**Registered Agent Solutions**

Firm/Company

**1701 Directors Blvd., Suite 300**

Address

**Austin, TX 78744**

City/State and Zip Code

**clientservices@rasi.com**

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

For further information concerning this matter, please call:

**Paula Baker**

Name of Contact Person

at ( **888** ) **705-7274**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EDCO HEALTH INFORMATION SOLUTIONS INC.
2. The principal office address: 1351 N. BELCREST AVENUE  
SPRINGFIELD, MO 65802
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/07/2014 Document number: F14000002923

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

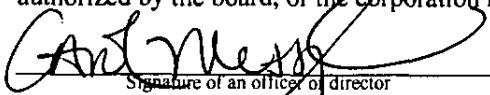
P.O. Box NOT acceptable

Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

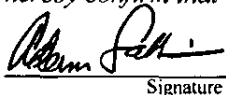
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Carol Messingham, Treasurer

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

7/28/15

Date

If signing on behalf of an entity:

Adam Saldana

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*