

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

AMENDED CERTIFICATE OF AUTHORITY
NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

CareKinesis, Inc.
a Foreign Profit Corporation

formed under the laws of the State of **Delaware** and authorized to transact business in Georgia on **07/25/2016**, has amended its application to transact business in this state by the filing of an amendment changing its name to

TRHC OpCo, Inc.
a Foreign Profit Corporation

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **01/03/2020**.



Brad Raffensperger

Brad Raffensperger
Secretary of State



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, GA 30334
(404) 656-2817
sos.georgia.gov/corporations

2019 DEC 31 PM 4:46

SECRETARY OF STATE
CORPORATIONS DIVISION

APPLICATION FOR AMENDED CERTIFICATE
OF AUTHORITY OF A FOREIGN ENTITY

An amended certificate of authority is obtained by filing an application for amended certificate of authority if a foreign entity changes its name or its jurisdiction of organization. If any other information required in the original application has changed, please use this form, attaching additional pages if necessary, to inform the Secretary of State of said changes. Complete (where applicable) and return this form with a check or money order payable to "Secretary of State" in the amount of \$30.00 (\$20.00 filing fee plus \$10 paper filing service charge).

1. Entity Name: CareKinesis, Inc.

2. Entity Control Number: 16071132

3. Entity Type (check one only):

- Corporation (choose one type) Profit Nonprofit Professional
(Corporation must provide certificate of existence from home state with new name, if applicable.)
- Limited Liability Company
- Limited Partnership/Limited Liability Limited Partnership
- Limited Liability Partnership

4. State/Country of Home Jurisdiction: Delaware

5. Date of Authorization in Georgia: 07/25/2016

6. New Entity Type (if applicable):

- Corporation (choose one type) Profit Nonprofit Professional
(Corporation must provide certificate of existence from home state with new name, if applicable.)
- Limited Liability Company
- Limited Partnership/Limited Liability Limited Partnership
- Limited Liability Partnership

7. New Name of Entity (if applicable): TRHC OpCo, Inc.

8. New Home Jurisdiction (if applicable): _____

9. Effective Date: (Choose one) Upon filing Delayed effective date and/or time: _____
(A delayed effective date must be within 90 days of the filing date.)

10. [Signature] 12/30/2019
Signature Date

Print Name*: Brian W. Adams

Email Address: _____

Signer's Capacity (check one only):

- Corporation: Officer Chairperson of Board of Directors Court-Appointed Fiduciary Attorney-in-fact
- LLC: Member Manager Court-Appointed Fiduciary Attorney-in-fact
- LP/LLLP: General Partner Attorney-in-fact
- LLP: Authorized Person

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.

Delaware

Page 1

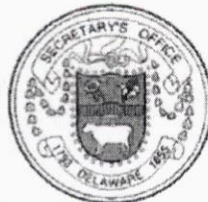
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRHC OPCO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRHC OPCO, INC." WAS INCORPORATED ON THE SEVENTH DAY OF APRIL, A.D. 2009.

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



4674249 8300

SR# 20198942233

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204328197

Date: 12-31-19