



Wednesday April 7, 2021

To Whom It May Concern,

OR Business Entity No.: 8448

Please find attached our ***Amendment of Foreign Registration*** form showing our updated name and update our records.

NEW Company name:

- **ENA HEALTCHARE SERVICES, LLC**

NEW Mailing and business location address:

- **618 GRASSMERE PARK DR SUITE #12 NASHVILLE, TN 37211**

Please do not hesitate to reach out if we need to provide more information.

Sincerely,

Giselle De la Garza

Tax Accountant

Email: gdelagarza@ena.com

Direct: 210-944-4875

Mobile: 210-544-1642





Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
www.filinginoregon.com

Registry Number: 1411029-96
Type: FOREIGN LIMITED LIABILITY COMPANY

Next Renewal Date: 02/20/2020

ENA HEALTHCARE SERVICES, LLC
618 GRASSMERE PARK DRIVE SUITE 12
NASHVILLE TN 37211

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

Document
AMENDMENT TO AUTHORITY

Filed On
02/14/2020

Jurisdiction
DELAWARE

Name
ENA HEALTHCARE SERVICES, LLC

Principal Place of Business
618 GRASSMERE PARK DRIVE SUITE 12
NASHVILLE TN 37211

Registered Agent
C T CORPORATION SYSTEM
780 COMMERCIAL ST SE STE 100
SALEM OR 97301

Mailing Address
618 GRASSMERE PARK DRIVE SUITE 12
NASHVILLE TN 37211

Member
EDUCATION NETWORKS OF AMERICA, INC.
618 GRASSMERE PARK DRIVE SUITE 12
NASHVILLE TN 37211

DELHAT
ACK
02/14/2020



Amendment/Withdrawal - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

Check the appropriate box below:

[X] AMENDMENT TO APPLICATION FOR AUTHORITY (Complete only 1, 2, 3, 9)

[] WITHDRAWAL OF AUTHORITY TO TRANACT BUSINESS (Complete only 1, 4, 5, 6, 7, 8, 9)

FILED FEB 14 2020

REGISTRY NUMBER: 1411029-96

OREGON SECRETARY OF STATE For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") TeleQuality Communications, LLC

AMENDMENT TO APPLICATION FOR AUTHORITY ONLY

2) INITIAL REGISTRATION DATE OF APPLICATION: 02/20/2018

3) AMENDMENT: (The amendment to the application for registration of foreign Limited Liability Company is as follows.)

The name of the limited liability company is changed from TeleQuality Communications, LLC to ENA Healthcare Services, LLC

WITHDRAWAL OF AUTHORITY ONLY

4) STATE OR COUNTRY OF ORGANIZATION:

5) SURRENDER OF AUTHORITY:

[] This foreign limited liability company is not transacting business in Oregon, and surrenders its authority to transact business in Oregon.

6) REVOCATION OF AGENT'S AUTHORITY:

[] This foreign limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in Oregon.

7) MAILING ADDRESS: (Address to which the person initiating any proceeding may mail to this corporation a copy of any process served on the Secretary of State.)

8) NOTIFICATION:

[] The foreign Limited Liability Company will notify the Corporation Division, Business Registry of any change in this mailing address for a period of five years from the date of this withdrawal.

9) EXECUTION: (At least one member or manager must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: Kathryn K. Ganier

Printed Name: Kathryn K. Ganier

Title: Secretary

CONTACT NAME: (To resolve questions with this filing.)

Mary Ward

PHONE NUMBER: (Include area code.)

615-252-3552

FEES Required Processing Fee \$275 Processing Fees are nonrefundable. Please make check payable to "Corporation Division." Free copies are available at sos.oregon.gov/business, using the Business Name Search program.