Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000326190 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HITACHI CHEMICAL DUPONT MICROSYSTEMS L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

4	SULKER
 8[P 2 1 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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)

I. Name of limited liability Company as it appears State: HITACHI CHEMICAL DUPONT MICRO	•
Enter new principal office address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(<u>Principal office address</u> 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 lial	bility company is: M04000003259
3. Jurisdiction of its organization: DELAWARE	
4. Date authorized to do business in Florida: 08/13	3/2004
SECTION II (5-9 complete only the applicable of	
New name of the limited liability company:	D MICROSYSTEMS L.L.C contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name of "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

<u>Name</u>	<u>Address</u>	Type of Action
		□Add
•		□Remo
		□Add
		🗆 Remo
		□Add
		□Remo
		□Add
		□Remo
		□Add
iment(s), duly authenticated by the law of which this entity is organize	e official having custody of records in the	⊡Remo
	lment(s), duly authenticated by the aw of which this entity is organize	e, if required: no more than 90 days old, evidencing the finent(s), duly authenticated by the official having custody of records in the aw of which this entity is organized. If Mule it

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 THAT THE SAID 'HITACHI CHEMICAL DUPONT MICROSYSTEMS L.L.C.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'HD MICROSYSTEMS L.L.C.' ON THE TWENTY-SECOND DAY OF JULY, A.D. 2020, AT 10:28 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 AUGUST, A.D. 2020.



Authentication: 203685741

Date: 09-18-20