

1112000001283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

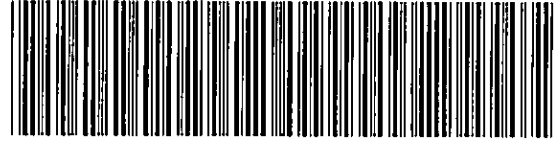
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900428439889

RECEIVED
MAY 16 7:47 AM '24

RECEIVED
2024 MAY 16 PM 4:11
ALLAHABAD, INDIA

R. HUNT
05/16/24



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05/16/2024

Name: Patrice Rush

Reference #: 2367573

Entity Name: EUROFINS ASCEND CLINICAL, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

5 MAY 2024 11:17 AM

Authorized Amount: \$25.00

Signature:

**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: ASCEND CLINICAL, 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: M12000001283

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 3/6/2012

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

5. New name of the limited liability company: EUROFINS ASCEND CLINICAL, 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: COGENCY GLOBAL INC.

New Registered Office Address: 115 North Calhoun Street, Suite 4
Enter Florida Street Address

Tallahassee Florida 32301
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.

Sheryl A. Gibbs
If Changing Registered Agent, Signature of New Registered Agent

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>
------------------------	-------------	----------------	-----------------------

<u>Chairperson</u>	<u>Brian Tees</u>	<u>175 Crossing Blvd. Framingham, MA 01702</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

<u>Manager</u>	<u>Matthew Urbanek</u>	<u>18000 W. 99th Street Lenexa, KS 66219</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

<u>President</u>	<u>Patti Hunsader</u>	<u>435 Oakmead Pkwy Sunnyvale, CA 94085</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

<u>Tax Director</u>	<u>Justin Dudas</u>	<u>343 West Main St. Leola, PA 17540</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

<u>Satellite Healthcare, Inc.</u>	<input checked="" 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

Justin Dudas

Typed or printed name of signee

Filing Fee: \$25.00

2011
5:41:47

Delaware

Page 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ASCEND CLINICAL, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EUROFINS ASCEND CLINICAL, LLC" ON THE FIRST DAY OF APRIL, A.D. 2024, AT 1:46 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS ASCEND CLINICAL, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2000.

2024
APR 1 5 11:47
AM




Jeffrey W. Bullock, Secretary of State

3197597 8320
SR# 20242070845

Authentication: 203459163
Date: 05-13-24

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