(((H22000306931 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M16000007600

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H22000306931 3AEC-

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PHELPS DUNBAR LLP
Account Number : 120210000064
Phone : (813)472-7555
Fax Number : (813)472-7570

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

Email Address: nicole.zaworska@phelps.com

2022 SEP -8 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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2022 SE -8 FM 2:2

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STONE CLINICAL LABORATORIES LLC

| | |
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| Certificate of Status | 0 |
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| Page Count | 04 |
| Estimated Charge | $25.00 |

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SEP 12 2022

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# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** STONE CLINICAL LABORATORIES LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Zaworska, Esq
Name of Person

Phelps Dunbar LLP
Firm/Company

100 South Ashley Drive Suite 2000
Address

Tampa, FL 33602
City/State and Zip Code

nicole.zaworska@phelps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Zaworska, Esq at (813) 222-7667
Name of Person — Area Code & Daytime Telephone Number

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

**Street Address:**
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

■ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)



(((H22000306931 3)))

# 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: STONE CLINICAL LABORATORIES 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: M16000007600

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 09/22/2016

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

5. New name of the limited liability company: SC LABORATORIES 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: _____

New Registered Office Address: _____
*Enter Florida Street Address*

_____, Florida _____
*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.*

_____
If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with s605.0902 (1)(c), indicate that change:

_____

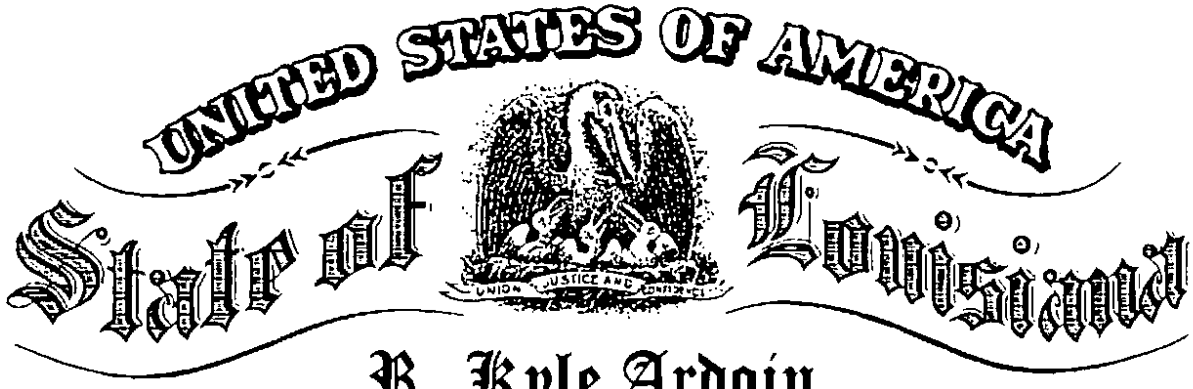
| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐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.

Christopher Ridgeway
_____
Signature of the authorized representative

CHRISTOPHER RIDGEWAY
_____
Typed or printed name of signee

**Filing Fee: $25.00**




# R. Kyle Ardoin

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

the attached document(s) of

**SC LABORATORIES LLC**

are true and correct and are filed in the Louisiana Secretary of State's Office.

| | | | | |
|---|---|---|---|---|
| 42232748K | ORIGF | 4/14/2016 | 3 page(s) | |
| 44416422 | 1308 | 5/11/2021 | 2 page(s) | |
| 45067661 | NMCHG | 8/22/2022 | 1 page(s) | **Name Change Amendment Attached |
| 44844747 | 22 AR | 3/15/2022 | 1 page(s) | |

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 8, 2022

*Secretary of State*

WEB 42232748K


**Certificate ID:** 11623870#E5P83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.

**www.sos.la.gov**

**STATE OF LOUISIANA**

**NAME CHANGE AMENDMENT**

**R.S. 12:1309**

**Old Name:**

**STONE CLINICAL LABORATORIES LLC**

**New Name:**
SC LABORATORIES LLC

**Date Amendment Adopted:**
08/10/2022

**Manner of Adoption:**
NO MEMBERS, UNANIMOUSLY APPROVED BY MANAGERS

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.**

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM A MEMBER/MANAGER.
**ELECTRONIC SIGNATURE:** JENNIFER BARRIERE (8/22/2022)
**TITLE:** ATTORNEY