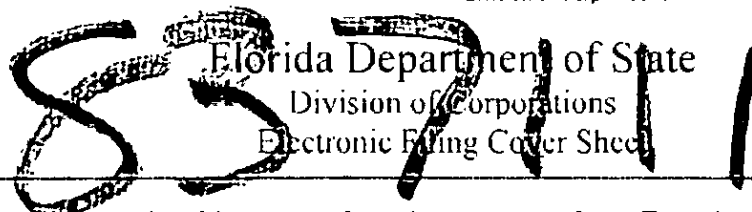


5/20/22, 10:37 AM

Division of Corporations



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.

((H22000180089 3))



H220001800893ABC/

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)617-6380

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

FILED
 MAY 20 PM 4:31
 SECRETARY OF STATE
 TALLAHASSEE, FL

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

Email Address: _____

**REGISTERED AGENT CHANGE
 VARIAN MEDICAL SYSTEMS, INC.**

Certificate of QUAL SILAS	0
Certified Copy	1
Page Count MAY 23 2022	02
Estimated Charge	\$43.75

RECEIVED
 MAY 20 PM 5:12
 SECRETARY OF STATE
 TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: VARIAN MEDICAL SYSTEMS, INC.
- 2. The principal office address: 3100 Hansen Way
Palo Alto, CA 94304
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 09/30/1976 Document number: 837111
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

FILED
 MAY 20 PM 4:31
 SECRETARY OF STATE
 TALLAHASSEE, FL

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Christopher A. Toth Christopher A. Toth, President
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By: /s/ Michele Holden 05/16/2022
Signature of Registered Agent Date

If signing on behalf of an entity:

Michele Holden, Assist Secretary
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (04/13)