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(((H23000244855 3)))



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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 : (954)208-0845

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

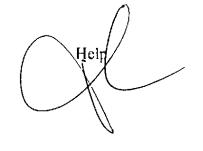
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN PERKINELMER HEALTH SCIENCES, INC.

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu



75.2

From: David Thomas

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

From: David Thomas

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

F01000001609		
(Document in	umber of corporation (if know	n)
PerkinElmer Health Sciences, Inc.		
(Name of corporation as it ap	pears on the records of the De	partment of State)
Delaware	3. 03/23/2001	
(Incorporated under laws of)	(Date au	thorized to do business in Florida)
(4-7 COMPLETE OF	SECTION II NLV THE APPLICABLE C	RANGES)
If the amendment changes the name of the corporation, who incorporation? 06/20/2023	en was the change effected un	der the laws of its jurisdiction of
Dennie, Harth Calange Inc		202
Revvity Health Sciences, Inc.  (Name of corporation after the amendment, adding suffix and contained in new name of the corporation)	corporation," "company," or	'incorporated," or appropriate abbreviati
(If new name is unavailable in Florida, enter alternate corpo	orate name adopted for the pur	pose of transacting business in Florida)
. If the amendment changes the period of duration, indi-		; ;; ;,1
	(New duration)	%
. If the amendment changes the jurisdiction of incorpora	ation, indicate new jurisdiction	n.
	(New jurisdiction)	
If amending the registered agent and/or registered office new registered agent and/or the new registered office as Name of New Registered Agent		he name of the
·Flor	rida sireei address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		, Florida
New Negistered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Type of Action Address Title/ Capacity Name. □Add □Remove □Add □Remove □Add □Remove: □Add □Remove □Add □Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

FILING FEE \$35.00

(Signature of director, president or other officer - if in the hands of a receiver of other court appointed fiduciary) by that fiduciary)

Director, Secretary & VP

(Title of person signing)

John L. Healy

(Typed or printed name of person signing)

To:

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PERKINELMER HEALTH
SCIENCES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "REVVITY HEALTH SCIENCES, INC." ON THE TWENTIETH DAY OF
JUNE, A.D. 2023, AT 3:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 203725939

Date: 07-12-23

Τo