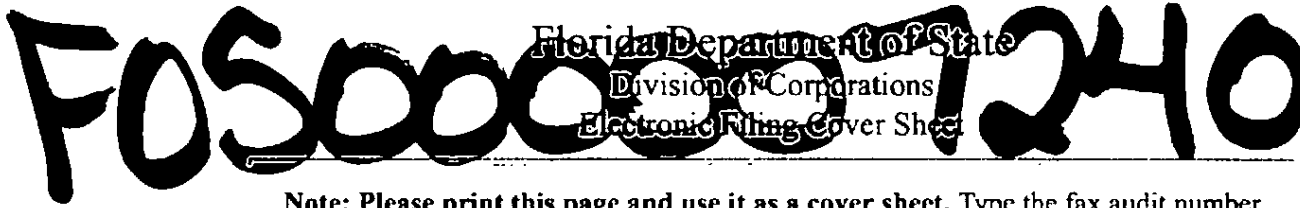


1/10/2020

Division of Corporations



Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
OLIVER PRODUCTS COMPANY**

Certificate of Status	0
Certified Copy	1
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JAN 15 2020

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

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

F05000007240

(Document number of corporation (if known))

1. OLIVER PRODUCTS COMPANY

(Name of corporation as it appears on the records of the Department of State)

## 2 Michigan

(Incorporated under laws of)

3 12/14/2005

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 01/01/2020

5 Oliver Healthcare Packaging Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

**7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.**

(New jurisdiction)

8. 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.

Shawn Don

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

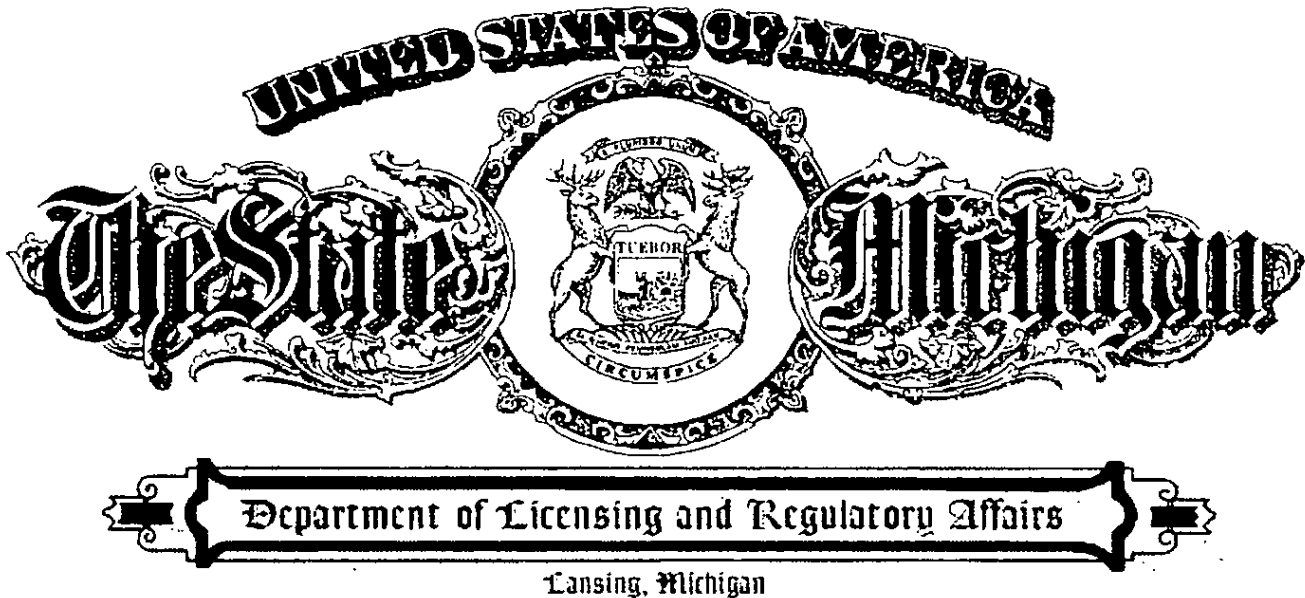
## Shawn Spain

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILED  
20 MAY 10 PM 12:27  
SEC. OF STATE  
FALLS CHURCH, N.C.  
purpose of transacting



*This is to Certify That*

**OLIVER HEALTHCARE PACKAGING COMPANY**

*was validly incorporated as a Michigan profit corporation on June 16, 1981.*

*I FURTHER CERTIFY that a Certificate of Amendment to the Articles of Incorporation was filed on December 26, 2019, with an effective date of January 1, 2020, changing the corporate name from OLIVER PRODUCTS COMPANY to OLIVER HEALTHCARE PACKAGING COMPANY*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of January, 2020.*

A handwritten signature in black ink that reads "Linda Clegg". The signature is written in a cursive style with a large, looped "L" and "C".

Linda Clegg, Interim Director  
Corporations, Securities & Commercial Licensing Bureau

*Sent by electronic transmission*