

F10000002288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

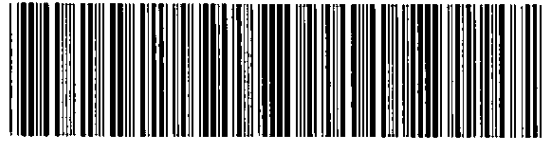
(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV 17 11:42
RECEIVED
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

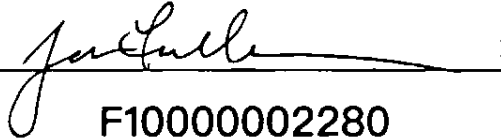
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$35.00

Authorization Signature:

 :

WOLFSPEED INC / CORP

F10000002280

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☒ **Amendment**

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

2023 JUL 30 4:19:21

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC

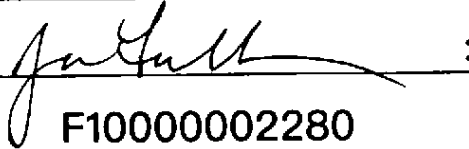
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☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Wolf Speed Inc / CREE Inc
Name of Corporation

DOCUMENT NUMBER: FL0000002280

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard
Name of Contact Person

Wolfspeed Inc / CREE Inc
Firm/Company

4600 Silicon Dr.
Address

Durham, NC 27703
City/State and Zip Code

MikePollard3030@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 37697637
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| ☒ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2002 NOV 30 11:09:21

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)

110000002280
(Document number of corporation (if known))

1. Wolfspeed Inc / CREE INC
(Name of corporation as it appears on the records of the Department of State)
2. nc 3. 5-14-2010
(Incorporated under laws of) (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? _____
5. _____
(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. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PDT</u>	<u>Michael Pollard</u>	<u>4600 Silicon Dr.</u>	☒ Add
		<u>Durham NC 27703</u>	☐ Remove
<u>CEO;P</u>	<u>LOWE, GREGG A.</u>	<u>4600 Silicon Dr.</u>	☐ Add
		<u>Durham, NC 27703</u>	☒ Remove
<u>VP,cfo</u>	<u>Reynolds, Neill P</u>	<u>4600 Silicon Dr.</u>	☐ Add
		<u>Durham, NC</u>	☒ Remove
<u>MGM</u>	<u>LOWE, Gregg A</u>	<u>4600 Silicon Dr.</u>	☒ Add
		<u>Durham, NC 27703</u>	☐ Remove
<u>MGM</u>	<u>Reynolds, Neill P.</u>	<u>4600 Silicon Dr</u>	☒ Add
		<u>Durham, NC 27703</u>	☐ 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.

RPK Pres/Owner

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

Michael Pollard/President

(Typed or printed name of person signing)

owner/President

(Title of person signing)

FILING FEE \$35.00