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.

(((H180003518413)))



H180003518413ABC+

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 : (514)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:

MECEIVED BIBDEC 12 AM 7,35 FALLAHASSEES THE

COR AMND/RESTATE/CORRECT OR O/D RESIGN UHS SURGICAL SERVICES, INC.

ertificate of Status 0	
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

DEC 1 3 2018

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

To: Page 3 of 4

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)	
	F10000004941	19
	(Document number of corporation (if known)	
		The state of the s
UHS Surgical Services, Inc.	the state of the December of Party	
(Name of c	corporation as it appears on the records of the Department of State)	
Delaware	3. 11/10/2010 (Date authorized to do business	
(Incorporated unde	er laws of) (Date authorized to do busines:	in Florida)
(4	SECTION II -7 COMPLETE ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the na	ame of the corporation, when was the change effected under	the laws of
its jurisdiction of incorporation?	12/03/2018	
Agiliti Surgical, Inc.		
appropriate abbreviation, if not	amendment, adding suffix "corporation," "company," or "indit contained in new name of the corporation) lorida, enter alternate corporate name adopted for the purpos	
6. If the amendment changes the p	period of duration, indicate new period of duration.	
	(New duration)	
7. If the amendment changes the ju	urisdiction of incorporation, indicate new jurisdiction.	
_	(New jurisdiction)	
x Mu	iment of similar import, evidencing the amendment, authentiapplication to the Department of State, by the Secretary of Stords in the jurisdiction under the laws of which it is incorporated.	cated not more than ate or other official ated.
(Si	gnature of a director, president or other officer - if in the hands a receiver or other court appointed fiduciary, by that fiduciary)	
Matt McCabe	VP Finance and Treasurer	
(Typed or printed name o	f person signing) (Title of person signing	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'UNS SURGICAL SERVICES, INC.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'AGILITI SURGICAL, INC.' ON THE THIRD DAY OF DECEMBER, A.D. 2018, AT 8:22 O'CLOCK A.M.



Authentication: 204072165

Date: 12-11-18