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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000019566 3)))



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone 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 CARIS MPI, INC.

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Certificate of Status	0
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COVER LETTER

Division of Corporations	
CARISMPLINC. SUBJECT:	
Na:	me of Corporation
DOCUMENT NUMBER: F10000005433	•
The enclosed Amendment and fee are su	bmitted for filing.
Please return all correspondence concern	ing this matter to the following:
Name of Contact Person	
Firm/Company	
Address	
City/State and Zip Code	
E-mail address: (to be used for future a	unnual report notification)
For further information concerning this r	natter, please call:
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following am	nount:
S35,00 Filing Fee S43,75 Filing Fee Certificate of S	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

PROFIT CORPORATION PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO 14 APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

SECTION I (1-3 MUST BE COMPLETED)

F10000005433	
(Document numb	per of corporation (if known)
CARISMPLINC.	
(Name of corporation as it appear	rs on the records of the Department of State)
Delaware	, 12/13/2010
(Incorporated under laws of)	3. (Date authorized to do busíness in Florida)
	ECTION II Y THE APPLICABLE CHANGES)
If the amendment changes the name of the corporat	ion, when was the change effected under the laws of
its jurisdiction of incorporation?	
).	
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new	suffix "corporation," "company," or "incorporated," or name of the corporation)
(If new name is unavailable in Florida, enter alterna business in Florida)	ite corporate name adopted for the purpose of transacting
o.If the amendment changes the period of duration, in	ndicate new period of duration.
	New duration)
Af the amendment changes the jurisdiction of incorp	poration, indicate new jurisdiction.
Texas	ew jurisdiction)
·	port, evidencing the amendment, authenticated not more than department of State, by the Secretary of State or other official tion under the laws of which it is incorporated.
On with	O Bak &
	resident or other officer - if in the hands rt appointed fiduciary, by that fiduciary)
David D. Halbert	President
(Lyned or printed name of person signing)	(Title of person signing)

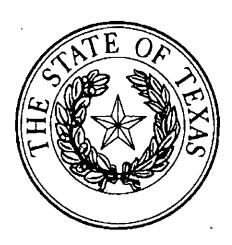
Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that a certificate of conversion was filed on July 21, 2017 by Caris MPI, Inc., a Domestic For-Profit Corporation, file number 802774569, converting the entity from Caris MPI, Inc., a DELAWARE, USA, Foreign For-Profit Corporation, file number 801513737.

> In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 25, 2018.



Phone: (512) 463-5555

Prepared by: Renee Guerrero

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709