

F130000000296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

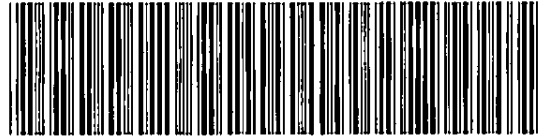
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700437055687

NIC Amend

W24-134924

FILED
2024 SEP 30 AM 9:34
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

A. RAMSEY
OCT 8. 2024

RECEIVED
2024 SEP 30 AM 11:18
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

X02250, 00524, 00671



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 09/30/24
Order #: 1632466-1
Re: ateb, Inc.
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the 'Processing Method: Routine' line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ateb, Inc.

Name of Corporation

DOCUMENT NUMBER: F13000000296

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Salera

Name of Contact Person

Omnicell, Inc.

Firm/Company

500 Cranberry Woods Drive

Address

Cranberry Township, PA 16066

City/State and Zip Code

chris.salera@omnicell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Salera

Name of Contact Person

at (412) 580-5424

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: ATEB, INC.
Ref. Number: F13000000296

RESUBMIT
Please give original
submission date as file date.

We have received your document for ATEB, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please change the date on line #4 so it will be the same as the date on the certificate from North Carolina (7-10-24). Please include a certificate from North Carolina showing the name change (showing both the old and new names).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 224A00021685

FILED
2024 OCT -7 PM 3:33
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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)

F13000000296

(Document number of corporation (if known))

FILED
2024 SEP 30 AM 9:34
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

1. ateb, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. North Carolina 3. 01/22/2013
(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? July 15, 2024

5. EnlivenHealth, Inc.
(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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.


 Corey Manley (Sep 20, 2024 07:41 EDT)

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

Corey J. Manley

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)

FILING FEE \$35.00

AMEND-17964



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF NAME CHANGE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that on the 10th day of July 2024, Articles of Amendment Business Corporation, duly executed by the proper officer to change the corporate name of the business corporation named below, were filed in this office with an effective date of: 7/15/2024

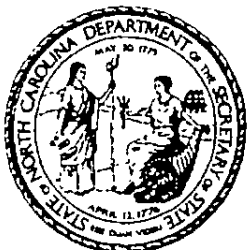
Name at time of submission of Articles of Amendment:

ATEB, INC.

Name Change To

ENLIVENHEALTH, INC.

I **FURTHER CERTIFY** that this certificate is in compliance with North Carolina General Statutes 55D-26 and may be recorded in the office of the Register of Deeds in the same manner as deeds, the former name of the corporation appearing in the "Grantor" index and the amended name of the corporation appearing in the "Grantee" index.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of September, 2024.

Elaine F. Marshall

Secretary of State