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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN APOLLO ENDOSURGERY, INC.

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DEPARTMENT OF STATE OF CORPORATIONS

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S. TALLENT

FEB 03 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: Apolio Endosurgery, Inc.
Name of Corporation
DOCUMENT NUMBER: F13600002886
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Colleen Gallagher
Name of Contact Person
Cooley LLP
Firm/Company
3175 Flanover Street
Address
Palo Alto, CA 94304
City/State and Zip Code
cgallugher@cooley.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Colleen Gallagher 659 843-5870
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tollahassee, FL 32314  Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: Page 5 of 6

## 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 BY BE COMPLETED)	<del>11</del> 1.2
F13000002886		78.6	
		ber of corporation (if known)	
Apollo Endosurgery, Inc.			1LE
	(Name of corporation as it appen	ars on the records of the Department of State)	
2. Delaware		3. 7/03/2013 (Date authorized to do business	00000000000000000000000000000000000000
(Incorp	norated under laws of)	(Date authorized to do business	in Florida) (7)
	SI (4-7 COMPLETE ONL	ECTION II Y THE APPLICABLE CHANGES)	
	nges the name of the corporat	ntion, when was the change effected under	the laws of
5 Apollo Endosurgery US, In	IC.	$\checkmark$	
appropriate abbreviat	tion, if not contained in new lable in Florida, enter alterna	suffix "corporation," "company," or "inc name of the corporation)  ate corporate name adopted for the purpose	
	iges the period of duration, in	ndicate new period of duration.	
	•	New duration) poration, indicate new jurisdiction.	
8. Attached is a certificat 90 days prior to delive having custody of corp		port, evidencing the amendment, authentic lepartment of State, by the Secretary of Station under the laws of which it is incorpora	ated not more than ate or other official
	(Signature of a director, pr of a receiver or other cou	resident or other officer - if in the hands it appointed fiduciary, by that fiduciary)	
Todd Newton	ted name of person signing)	Chief Executive Officer (Title of person signing)	
TIVDEG OF DEID	TEG TRADE OF DEIZOR SERVING)	( ) the or betson signing	

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'APOLLO ENDOSURGERY, INC.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'APOLLO ENDOSURGERY US, INC.' ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2016, AT 3:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2016 AT 4:10 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 201972530

Date: 02-02-17

4009847 8320 SR# 20170602796

You may verify this certificate online at corp.delaware.gov/authver.shtml