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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ADAPT PHARMA INC.

Certificate of Status	0
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## 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)

	F15000001442			
	(Document number of corporation (if known)			
ADAPT PHARMA INC.				
(Nan	ne of corporation as it appears on the records of the Department of State)			
DELAWARE	3. 04/03/2015			
	under laws of) (Date authorized to do busi	ness in Flo	rida)	
	SECTION II			
	(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)			
4. If the amendment changes the namineorporation? 07/15/2020	ne of the corporation, when was the change effected under the laws of its	jurisdiction	ı of	
EMERGENT DEVICES INC.				
(Name of corporation after the arr not contained in new name of the	nendment, adding suffix "corporation," "company," or "incorporated," or corporation)	appropriate	e abbrevi	iation, i
(If new name is unavailable in Flo	rida, enter alternate corporate name adopted for the purpose of transacting	g business	in Florid	ia)
6. If the amendment changes the	e period of duration, indicate new period of duration.			
o. If the amenament changes and	,			
			[]	
,	(New duration)		25	
		,	•	
7. If the amendment changes the	e jurisdiction of incorporation, indicate new jurisdiction.		ű	
	(New jurisdiction)			
	(rew jurisdiction)		:- 	
o tedishu -ouistared again	it and/or registered office address in Florida, enter the name of the		ည်	
new registered agent and/or the	new registered office address:		Q)	
Name of New Registered Age	ni			
Hame of the wind the governor way.	<u> </u>			
	(Florida stree: address)	<del></del>		
New Registered Office Address	Florida			
	(City)	(Zip Code)		•
New Registered Agent's Signat	ture, if changing Registered Agent:			
I hereby accept the appointment of	as registered agent. I am familiar with and accept the obligations of the	position.		
Signature of No	ew Registered Agent, if changing			

itle/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			L_Remove
			Add
	·		<u>L</u> . Remove
			Add
			L.Remove
			Add
	_		
Attached is a certification to under the laws of w	cate or document of similar import, evidenthe Department of State, by the Secretary chich it is incorporated.	ncing the amendment, authenti of State or other official having	cated not more than 90 days prior to delive custody of corporate records in the jurisdict
-	Striero Wille	oresident or other officer - if in	the hands of
	a receiver or other court	appointed fiduciary, by that fic	luciary)
BRIAN MILLAR	D	- Assis	tet Treaver le of person signing)

FILING FEE \$35.00



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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'ADAPT PHARMA INC.',

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'EMERGENT

DEVICES INC.' ON THE FIFTEENTH DAY OF JULY, A.D. 2020, AT 12:27

O'CLOCK P.M.



Authentication: 203585749

Date: 09-02-20