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Help

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR **AUTHORIZATION TO TRAÑSACT BUSINESS IN FLORIDA** 4 (Pursuant to s. 607.1504, F.S.) SECTION I (1-3 MUST BE COMPLETED) F1500005168 (Document number of corporation (if known) Color Genomics, Inc. (Name of corporation as it appears on the records of the Department of State) 2. DE 11/20/2015 (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? 12/16/2020 Color Health, Inc. 5. (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) 0 If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction, 7. (New jurisdiction) 8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address. , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	Address	Type of Action	
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 Attached is a c of the application under the laws 	(videncing the amendment, authenticated not any of State or other official having custody o		
	(Signature of a direct a receiver or other co	or, president or other officer - if in the hand auri appointed fiduciary, by that fiduciary)	s of	
Catherine Lac		Secretary		
(Typed or printed name of person signing)	(Title of pers	on signing)	

FILING FEE \$35.00

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'COLOR GENOMICS, INC.', FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO 'COLOR HEALTH, INC.' ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2020, AT 4:19 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

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

Authentication: 202852151 Date: 03-08-22