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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.* Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOMALOGIC, INC.

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M SULKER

JAN 2 . 2022

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)

F15000005			
(1	Document number of corporation	on (if known)	
SomaLogic, Inc.			
(Name of corpora	ition as it appears on the record-		
2 Delaware		/08/2015	
(Incorporated under laws of	ws of) (Date authorized to do business in Florida)		
	SECTION II		
(4-7 COM	IPLETE ONLY THE APPLIC	CABLE CHANGES)	
4. If the amendment changes the name of the corp	oration, when was the change e	effected under the laws of	its jurisdiction of
incorporation? 09/01/2021			
5. Somal.ogic Operating Co., Inc.			
(Name of corporation after the amendment, ad not contained in new name of the corporation)	ding suffix "corporation," "com	pany," or "incorporated,"	or appropriate abbreviation, if
		6 . 1	
(If new name is unavailable in Florida, enter al-	ternate corporate name adopted	for the purpose of transac	ting business in Piorida)
6. If the amendment changes the period of d	uration, indicate new period of o	duration.	HASSE
	(New duration)		S S S
	(,		52 L
7. If the amendment changes the jurisdiction	of incorporation, indicate new	jurisdiction.	
بمعيرونة	(New jurisdiction)	The state of the s	-
 If amending the registered agent and/or reg new registered agent and/or the new register 	istered office address in Flori red office address:	da, enter the name of the	<u>.</u>
Name of New Relistered Agent		<u> </u>	
	(Florida street address)		
New Registered Office Address:		, Florida	
to make a manufacture of the first of the second of the se	(City)		(Zip Code)

Title/ Capacity	Name	Address	Type of Action
		<u>~···</u> □Add	
		****	Remove
			
			□Remove
			□Add
		Management of the control of the con	☐Remove
		·	□Add
			□Кстюче
. Attached is a certific of the application to tunder the laws of wh		`a .r~	cated not more than 90 days prior to deli- ustody of corporate records in the jurisdic
	(Signature of a direct a receiver or other of	tior, president or other officer - if in court appointed fiduciary, by that fid	the hands of uciary)
		CAO	

FILING FEE \$35.00



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOMALOGIC OPERATING CO., INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF DECEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204999724

Date: 12-16-21