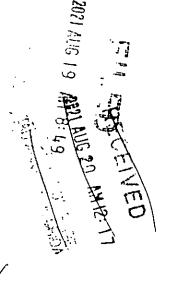
(Requestor's Name)				
(Nequestor's Name)				
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(Add	iress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			
Special instructions to r	iling Officer.			
:				

Office Use Only



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AUG 2 0 2021 ! ALBRITTON!

### **CT CORP**

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	08/19/2021	NI
		Acc#I20160000072	a: DW
Name:	Optima (US	) Ltd.	
Document #:			
Order #:	13838647		
Certified Copy of Arts & Amend:  Plain Copy: Certificate of Good Standing: Certified Copy of:  Apostille/Notarial Certification:	Certified: Plain: COGS:	Country of Destination:  Number of Certs:	
Availability  Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 43.75 Thank you!	

### COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons	
SUBJECT: Opt	ima Analytics Corp.		
	Name	of Corporation	
DOCUMENT NU	MBER:F16000000540		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
Cliff Holt			
	Name of Contact Person		
Eversheds-Sutherla	and (US) LLP		
	Firm/Company	<del>.</del>	
999 Peachtree Stree	et, NE Ste. 2300		
	Address		
Atlanta, GA 30309			
•	City/State and Zip Code	<del></del>	
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ition concerning this matter, pleas	se call:	
Cliff Holt		at ()	
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	for the following amount:		
l\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee. Certificate of Status of 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

## 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)

		F16000000540					
	(Doct	ument number of corpo	ration (if known)				
Optima Analytics Corp	),						
	(Name of corporation	as it appears on the re-					
Delaware		3.	2-3-2016				
	rated under laws of)		2-3-2016 (Date authoriz	ed to do b	usiness in Fl	orida)	
		SECTION I					
	(4-7 COMPLI	ETE ONLY THE AP		GES)			
4. If the amendment changes the incorporation? 7-1-2021	•	tion, when was the char		e laws of i	ts jurisdictio	n of	
CSAM US Ltd		·					
(Name of corporation after the not contained in new name of	ne amendment, adding f the corporation)	suffix "corporation,"	company, or "incor	porated," (	or appropriat	e abbre	viation, i
(If new name is unavailable in	ı Florida, enter alterna	ate corporate name ado	pted for the purpose of	of transact	ing business	in Flor	ida)
6. If the amendment change	es the period of durati	ion, indicate new period	d of duration.				
						~ .	
	<del></del>			<u>-</u>		021	
		(New duratio	n)			<u> </u>	7
2 100 1	and the state of t		and to alm disastern			61 Sily 120 <u>0</u>	- Tu
7. If the amendment change	es the jurisdiction of t	neorporation, indicate	new jurisdiction.				'**1
	-	(New jurisdicti					j j j
		(New Jurisdicti	on)		1.1	6.1 :8	
n de la companya de	. 1/	1 cc 14 ' 1'	N 11			9	
<ol> <li>If amending the registered new registered agent and/or</li> </ol>			torida, enter the na	me or the	•		
Name of New Registerea	l tour						
Name of New Registered	<u> </u>	_	<u>-</u>				
		(Florida street addı	ress)	<del></del>			
New <u>Registered Office Ada</u>	Iress:			. Florida_			
		(City)			(Zip Code)		
New Registered Agent's Si	gnature, if changing	Registered Agent:					
I hereby accept the appointm			and accept the obliga	itions of th	e position.		
Signature o	of New Registered Age	ent, if changing					

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

Title/ Capacity	Name	Addre	rss <u>Ty</u>	pe of Action
	SEE ATTACHED CHART		•	_ Add
		·		_ [ Remove
				_ Add
				_ L.temove
				Add
		_		_ L.Remove
				_ Add
				L.Remove
				_ Add
				_   Remove
10. Attached is a coof the application under the laws	certificate or document of similar import on to the Department of State, by the Sec of which it is incorporated.	t, evidencing the amendmeretary of State or other off  — Docusioned by:	ent, authenticated not mo icial having custody of co	re than 90 days prior to delivery porate records in the jurisdiction
		Swire Flathy  BECAFEASDORSEAD rector, president or other o		
Sverre Flat	a receiver or other	rector, president or other cer court appointed fiduciar	y, by that fiduciary)	
	·		Secretary /Title of person a	
(	(Typed or printed name of person signing	ig)	(Title of person s	igning)

FILING FEE \$35.00

### Attachment to Florida foreign qualification amendment for Optima (US) Ltd.

### **Board of Directors**

Add	Remove		
Einar Tørris Bonnevie	Joseph Flanagan		
CSAM Health AS	401 N. Michigan Avenue		
Drammensveien 288	Suite 700	1	
0283 Oslo, Norway	Chicago, IL 60611		
Sverre Flatby	M. Sean Radcliffe	M. Sean Radcliffe	
CSAM Health AS	401 N. Michigan Avenue		
Drammensveien 288	Suite 700		
0283 Oslo, Norway	Chicago, IL 60611		
	Rachel Wilson		
	401 N. Michigan Avenue		
	Suite 700		
	Chicago, IL 60611		

### **Officers**

<u>Title</u>	Add	Remove
President	Einar Tørris Bonnevie	Joseph Flanagan (his title was
	CSAM Health AS	President and Chief Executive
	Drammensveien 288	Officer)
	0283 Oslo, Norway	401 N. Michigan Avenue
		Suite 700
		Chicago, IL 60611
Chief Financial Officer	Einar Tørris Bonnevie	Rachel Wilson
	CSAM Health AS	401 N. Michigan Avenue
	Drammensveien 288	Suite 700
	0283 Oslo, Norway	Chicago, IL 60611
Secretary	Sverre Flatby	M. Sean Radcliffe
	CSAM Health AS	401 N. Michigan Avenue
	Drammensveien 288	Suite 700
	0283 Oslo, Norway	Chicago, IL 60611
Chief Commercial Officer	N/A	Gary Long
		401 N. Michigan Avenue
		Suite 700
	1	Chicago, IL 60611

Title	Add	Remove
Executive Vice President	N/A	Vijay Kotte
		401 N. Michigan Avenue
		Suite 700
		Chicago, IL 60611

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'OPTIMA (US) LTD.",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'CSAM US

LTD' ON THE FIRST DAY OF JULY, A.D. 2021, AT 12:53 O'CLOCK P.M.



Authentication: 203949296

Date: 08-18-21