

10/8/2020

Division of Corporations

H20000351357 3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
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Rwhite  
10/11/20

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Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
VISION CRITICAL (US) INC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

H20000351357 3

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **Vision Critical (US) Inc.**

Name of Corporation

DOCUMENT NUMBER: **F16000003667**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following.

**David Baird**

Name of Contact Person

**Osler, Hoskin & Harcourt LLP**

Firm/Company

**620 8th Avenue, Suite 3600**

Address

**New York, NY 10018**

City/State and Zip Code

**dbaird@osler.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter please call:

Name of Contact Person

at ( )

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee☐ \$43.75 Filing Fee &  
Certificate of Status☐ \$43.75 Filing Fee &  
Certified Copy☐ \$52.50 Filing Fee,  
Certificate of Status &  
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

H20000351357 3

**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)**

**F16000003667**

(Document number of corporation (if known))

1. **Vision Critical (US) Inc.**

(Name of corporation as it appears on the records of the Department of State)

2. **Delaware**

(Incorporated under laws of)

3. **08/16/2016**

(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? \_\_\_\_\_

5. **Alida (US) Inc.**

(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)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction.

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

H20000351357 3

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Vinod Hariharan

(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Vinod Hariharan

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

H20000351357 3

H20000351357 3

# Delaware

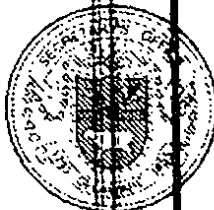
Page 1

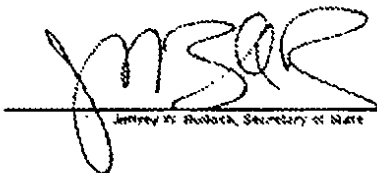
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "VISION CRITICAL (US) INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALIDA (US) INC." ON THE FIFTH DAY OF OCTOBER, A.D. 2020, AT 7:39 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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIDA (US) INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2015.



  
Jeffrey W. Bullock, Secretary of State

5887795 8320  
SR# 20207708486

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203817047  
Date: 10-07-20

H20000351357 3