

F17000003585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

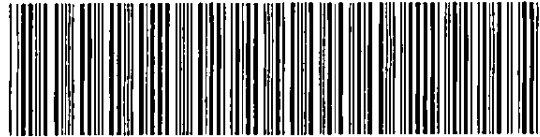
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600434835226

Nlc Amend

FILED
2024 SEP 18 AM 9:03
CLERK OF STATE
ALABAMA

FILED
2024 SEP 18 PM 3:08
CLERK OF STATE
ALABAMA

A. RAMSEY
SEP 19 2024

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 9/18/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1296798

ORDER ENTITY

EMERGENT PROTECTIVE PRODUCTS USA INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

EMERGENT PROTECTIVE PRODUCTS USA INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Emergent Protective Products USA Inc.

Name of Corporation

DOCUMENT NUMBER: F17000003585

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Papaleo

Name of Contact Person

Troutman Pepper Hamilton Sanders LLP

Firm/Company

3000 Two Logan Square

Address

Philadelphia, PA 19103

City/State and Zip Code

heather.papaleo@troutman.com

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

For further information concerning this matter, please call:

Heather Papaleo

at (

215

) 981-4787

Name of Contact Person

Area Code & 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

PROFT 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)

F17000003585

(Document number of corporation (if known))

1. Emergent Protective Products USA Inc.

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

2. Delaware

(Incorporated under laws of)

3. 08/09/2017

(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? September 17, 2024

5. SERB Medical Solutions 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:

<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

10. 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.

Signed by:

Vanessa Wolfeler

CRD4FF45EE330427

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

vanessa wolfeler

President

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "EMERGENT PROTECTIVE
PRODUCTS USA INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING
ITS NAME TO "SERB MEDICAL SOLUTIONS INC." ON THE SEVENTEENTH DAY
OF SEPTEMBER, A.D. 2024, AT 4:08 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5339607 8320
SR# 20243714585

Authentication: 204416702
Date: 09-18-24

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