## F20 000002461

(Rec	questor's Name)	
(Add	Iress)	
(Add	dress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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#### **COVER LETTER**

TO: Amendm	ent Section Division of Corporati	ons	•	
SUBJECT: VOLP	ARA SOLUTIONS, INC. change	of name		
	Nam	e of Corporation		
DOCUMENT NU	JMBER: F20000002461			
The enclosed Ame	endment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	tter to the followi	ng:	
DeAnn latesta				
	Name of Contact Person		<u> </u>	
Volpara Health, In	oc.			
	Firm/Company		<del></del>	
19000 33rd Ave W	/, STE 130			
	Address			
Lynnwood / WA 9	8036			
	City/State and Zip Code		<del></del>	
deann.iatesta@vol	parahealth.com			
E-mail addre	ss: (to be used for future annual r	eport notification	)	
For further informa	ation concerning this matter, pleas	se call:		
DeAnn latesta		425 at (	563-1733	
Name	e of Contact Person	Area Coo	le & Daytime	Telephone Number
Enclosed is a check	k for the following amount:			
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 F Certified Co		☐ \$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

## 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)

F20000002461

<del></del>	(Document number of cor	poration (if known)	
VOLPARA SOLUTIONS, INC.			ري. ن بي
(Name of corp.	oration as it appears on the	records of the Department of St	ate)
Washington state			
(Incorporated under law	rs of)	3. (Date authorized to do	business in Florida)
(4-7 CC	SECTION		
If the amendment changes the name of the coincorporation? 10/01/2020	orporation, when was the ch	nange effected under the laws of	its jurisdiction of
VOLPARA HEALTH, INC.			
(Name of corporation after the amendment, not contained in new name of the corporatio	adding suffix "corporation. on)	"company," or "incorporated,"	or appropriate abbreviation,
(If new name is unavailable in Florida, enter	alternate corporate name ac	opted for the purpose of transa-	cting business in Florida)
i. If the amendment changes the period of	f duration, indicate new peri	od of duration.	
	(New durat	ion)	
. If the amendment changes the jurisdiction	on of incorporation, indicat	e new jurisdiction.	
	(New jurisdi	ction)	_
If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in stered office address:	Florida, enter the name of th	<u>e</u>
	(Florida street ad	dress)	
New Registered Office Address:		Florida	
	(City)	i ioitua	(Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agents		
I hereby accept the appointment as registere	ed agent. I am familiar with	and accept the obligations of i	the position.
		- ·	-
Signature of New Register	ed Agent, if changing	<del>-</del>	

Type of Action	<u>Address</u>	<u>Name</u>	Title/ Capacity
Add			
Eremove			
			<del></del> -
Remove			
□Add			<del></del>
Ađd			<u>-</u> -
ticated not more than 90 days prior to deliver g custody of corporate records in the jurisdiction	ing the amendment, authentica State or other official having cu	rtificate or document of similar import, not the Department of State, by the Secr f which it is incorporated.	. Attached is a cer of the application under the laws of
	CA Side and the office is it	- Land All of the state of the	
n me nands of iduciary)	pointed fiduciary, by that fiduc		
Secretary	Secr		
n the hands of iduciary)	sident or other officer - if in the pointed fiduciary, by that fiduciary.	(Signature of a dire a receiver or other	Aubrey

FILING FEE \$35.00

# The State of Washington

## Secretary of State

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

#### VOLPARA HEALTH, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/09/1990.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

10/14/2020

UBI Number:

601 223 317



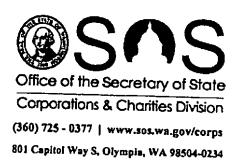
B. ONGERRE

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tin Ugna

Date Issued: 10/14/2020



□ Amendment Fee \$30

D Amendment Fee with Expedited Service \$80

# Secretary of State State of Washington Date Filed: 09/17/2020 Effective Date: 10/01/2020 UBI No: 601 223 317

## ARTICLES OF AMENDMENT PROFIT CORPORATION RCW 23B.10

Please provide UBI # 601 223 317
NAME OF PROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State) Volpara Solutions, Inc.
BUSINESS TYPE: Are you changing your business type?   Yes No (if no, continue to next section)
If yes, select the change being made:
☐ WA PROFESSIONAL SERVICE CORPORATION ☐ WA PUBLIC UTILITY CORPORATION
☐ WA SOCIAL PURPOSE CORPORTION
ENTITY NAME CHANGE: Are you changing your business name? ■ Yes □ No If no, continue to Jurisdiction
If yes, do you already have an entity name reserved? □ Yes ■ No
If Yes, provide the Name Reservation Number and Name If No, provide only the name
Reservation Number:
Name: Volpam Health, Inc.
CORPORATE SHARES: Are you changing your business's authorized shares? ☐ Yes ■ No If no, continue to next section
New number of authorized shares: Class of shares: □ Common Stock □ Preferred Stock
Did your share information change? (check one)
If Yes, implementation plan for change: (attach additional pages if needed)
Has your registered agent changed?   YES  NO If Yes, please be sure to complete page 2
11 1 es, please be sure to complete page 2

NEW REGISTERED AGENT:			
Is the Registered Agent a Commercial	Registered Age	nt? 🗆 Yes 🗆 No	
If Yes, provide the name of the Com	mercial Registe	red Agent:	
A Commercial Registered Agent is an	entity or individ	ual that !	n the Office of the Secretary of State to Agent has the entities/individual's address
A Registered Agent consent is still re	equired for a Co	Ommercial Registered A	gont laured by 1
If No, please continue below	•		gent located below.
Please complete ONE type of Re Then continue to p	gistered Agent l rovide the requi	below, be sure to includ red street address. Mai	le the name below the checked box. ling address if needed.
□ Individual		D Entity	☐ Office or Position
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	(Any business not	ommercial Registered Agent. registered as a Commercial stered Agent.)	List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
Phone:		Email:	
Registered Agent Street Addre (Must be a physical address No PO	Box or PMB)	Registered	Agent Mailing Address (optional) log address is the same as street address
	ashington	Country: United S	
Address:		Address:	
Zip: City:		_	City:
CONSENT TO SERVE I hereby consent to serve as Registered responsibility to accept service of proce and to immediately notify the Office of	Agent in the State	e of Washington for the	RED FOR ALL TYPES  named entity. I understand it will be my entity; to forward mail to the entity; e the Registered Office Address.
Signature of Registered Agent		Printed Name/Title	Date

Articles of Amendment - Profit Pg 2 | Revised 7.2018

DURATION			
	: Required only if changed Pleas	se check ONE of the following	
		ration   This Company shall have a dura	tion of
	oany shall expire on		years.
1000000	any sharrexpire on		
ADUPTION	OF ARTICLES OF AMENI	DMENT: This Amendment was duly add	onted by the following mathed
☐ By a suffic	ient vote of shareholders	and man	boursell Burmount and Co parter
■ By the boa	rd of directors		
	rporators prior to the issuance	of shares	
EFFECTIVE	DATE:		
□ Date of fill	ng B Specify a Date 10/01/2	020 cannot be more than 90 days to	Howing received date
DATE OF A	OOPTION: When was this A	mendment adonted?	
Date of fili	ng 🗏 Specify a date: 10/01/2	2020	
	<del></del>		
RETURN AD	DRESS FOR THIS FILING	: (Optional)	pent(s) haing cost to the
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RETURN AD This address v Registered Ag Attention to: Email: Address: City Lynnwood	DRESS FOR THIS FILING rill be sent document(s) regard ent's street/mailing address.  DeAnn latesta  deann.iatesta@volparasolutions 19000 33rd Ave W, Suite 130	: (Optional) ling this specific filing in addition to documents.com  State WA Zip 98036	
RETURN AD This address v Registered Ag Attention to: Email: Address: City Lynnwood	DRESS FOR THIS FILING rill be sent document(s) regard ent's street/mailing address.  DeAnn latesta  deann.iatesta@volparasolutions 19000 33rd Ave W, Suite 130	: (Optional) ling this specific filing in addition to docum	

Amount Received: \$30,00

I, Kim Wyman, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office.

OCT 14 2020

Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: 3 Tim Wyman