

F23000002113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

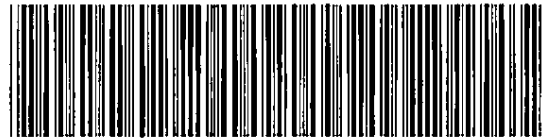
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900413695979

N/C Amend

FILED

2023 AUG 10 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG 10 PM 3:19

REGISTRATION SERVICE
TALLAHASSEE, FLORIDA

A. RAMSEY
AUG 11 2023

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 08/10/2023

Acc#I20160000072

en: c DW

Name:	AcariaHealth Solutions, Inc.
Document #:	
Order #:	15068698

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75

Thank you!

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.)

2023 AUG 10 AM 10:14

SECTION I
(1-3 MUST BE COMPLETED)

F230000002113

(Document number of corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. AcariaHealth Solutions, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 4.14.23
(Incorporated under laws of) (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? August 8 2023
5. Presonyx, 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 amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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>
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<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.

Tricia Dinkelman

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

Tricia Dinkelman, Vice President, Tax

(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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "ACARIAHEALTH
SOLUTIONS, INC.", CHANGING ITS NAME FROM "ACARIAHEALTH
SOLUTIONS, INC." TO "PRESONYX, INC.", FILED IN THIS OFFICE ON
THE EIGHTH DAY OF AUGUST, A.D. 2023, AT 1:09 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

5216068 8100
SR# 20233192673

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

Authentication: 203922270
Date: 08-08-23

State of Delaware

**Certificate of Amendment of
Certificate of Incorporation of**

**AcariaHealth Solutions, Inc.
a Delaware corporation
(the "Corporation")**

The Corporation hereby certifies as follows:

1. This Certificate of Amendment (this "**Amendment**") amends the provisions of the Corporation's Certificate of Incorporation filed with the Secretary of State on September 20, 2012 (the "**Certificate**").
2. Article I of the Certificate is hereby amended and restated in its entirety as follows:


"ARTICLE I

The name of the corporation is Presonyx, Inc. (the "Corporation")."

3. This Amendment was duly adopted in accordance with the applicable provisions of Section 242 of the General Corporation Law of the State of Delaware.
4. All other provisions of the Certificate shall remain in full force and effect.

IN WITNESS WHEREOF, the Corporation has caused this Amendment to be signed by Tricia Dinkelman, its Vice President, Tax, this 8th day of August 2023.

AcariaHealth Solutions, Inc.


Tricia Dinkelman, Vice President, Tax