# 990000699

(Requestor's Name)	
(Address)	
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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	<u> </u>
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2021 AUG -3 AM 8: 34

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : , 946786 4816118

AUTHORIZATION

COST LIMIT : \$ 52.50

ORDER DATE : August 2, 2021

ORDER TIME : 9:56 AM

ORDER NO. : 940788-085

CUSTOMER NO: 4816118

#### FOREIGN FILINGS

NAME: COVANCE INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

### COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons		
SUBJECT: CO	vance, Inc.			
	Nam	e of Corporation		
DOCUMENT NU	MBER: F9800000069	9	<u> </u>	
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	prrespondence concerning this ma	atter to the following	g:	
Elizabeth	n M. Hamelin			
	Name of Contact Person		_	
Hogan L	ovells US LLC			
	Firm/Company	100	<del>-</del>	
555 13th	Street NW			
	Address	· -	-	
Washing	ton, DC 20004			
	City/State and Zip Code	-	_	
E-mail addre	ss: (to be used for future annual r	eport notification)	<del></del>	
For further informa	ation concerning this matter, plea	se call:		
	M. Hamelin		,637-6	881
Name	of Contact Person			Felephone Number
Enclosed is a checi	k for the following amount:			
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Fili Certified Cop	_	■ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing A Amendme	<del></del>		ent Section	
יוסונאינק	or Corborations	Division	of Corporati	บกร

P.O. Box 6327 Tallahassee, FL 32314

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)

		F98000000699				
	(Document number of corporation (if known)					
1.	Covance, Inc.					
•		(Name of corporation as it app	ears on the records of the Department of Sta	te)		
2.	Delaware		3 02/05/1998			
	(Incorpor	ated under laws of)	(Date authorized to do b	usiness in Flo	rida)	
		(4-7 COMPLETE ON	SECTION II LY THE APPLICABLE CHANGES)			
4.	If the amendment changes the incorporation? June 25, 202	name of the corporation, when	n was the change effected under the laws of	its jurisdiction	of	
5	Labcorp Drug Developmen	t Inc.				
Σ,	(Name of corporation after the not contained in new name of	e amendment, adding suffix "c the corporation)	orporation," "company," or "incorporated,"	or appropriate	abbrev	iation, if
	(If new name is unavailable in	Florida, enter alternate corpor	ate name adopted for the purpose of transact	ing business i	n Florid	a)
6	. If the amendment change	s the period of duration, indica	ate new period of duration.			
~	10.1		(New duration)	4.5		
7	. If the amendment change	s the jurisdiction of incorporat	ion, indicate new jurisdiction.	SECR TAL	2021 8	
		(1)	New jurisdiction)	ETAF	AUG -	
8.	. If the amendment changes the	; jurisdiction of organization, i	indicate new jurisdiction:	ASSEE.	3 <b>≱</b>	
9.	If the amendment changes per	son, title or capacity in accorda	nce with 607.1504 (4), indicate that change:	1-27	g: 3 <b>4</b>	

Title/ Capacity	<u>Name</u>	Addr	<u>ess</u>	Type of Action		
<u>O</u>				□Add		
				□Remove		
<del></del>				DAdd		
				Remove		
				□Add		
				□Remove		
				□Remove		
<b>⊘</b>				DAdd		
10. Attached is a ce of the applicatio under the laws o	ertificate or document of similar import, ev in to the Department of State, by the Secreta of which it is incorporated.	idencing the amendment	ent, authenticated not micial having custody of c	□Remove nore than 90 days prior to delivery corporate records in the jurisdiction		
	Sacha Qua	Nacut				
a receiver or other court appointed fiduciary, by that fiduciary)						
Sandra D. va			President, Secretar	y, Director Sign		
(1	Fyped or printed name of person signing)  F	ILING FEE \$35.00	(Title of person	SECRETARY OF STATE		

 $\mathcal{C}$ 

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COVANCE INC.", FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LABCORP DRUG

DEVELOPMENT INC." ON THE FIFTEENTH DAY OF JUNE, A.D. 2021, AT

5:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-FIFTH DAY OF JUNE, A.D. 2021.

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.



Authentication: 203825889

Date: 08-03-21

2356630 8320 SR# 20212871749