

# F9800000557

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000219850 3)))



H120002198503ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

*Name Chg  
10/9/10/12*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

RECEIVED

12 SEP 10 AM 8:49

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
COVIDIEN INC.**

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$35.00

*Re-Send*

**\*RE-SUBMIT\***

Please retain original filing

Electronic Filing Menu

Corporate Filing Menu

date of submission 9/5

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Covidien Inc.

Name of Corporation

**DOCUMENT NUMBER:** F98000005577

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Copeland-Lewis

Name of Contact Person

Covidien

Firm/Company

15 Hampshire Street

Address

Mansfield, MA 02048

City/State and Zip Code

Cheryl.Copeland@covidien.com

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

For further information concerning this matter, please call:

Cheryl Copeland-Lewis

Name of Contact Person

at

( 508 )

452-4311

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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)

F98000005577  
(Document number of corporation (if known))

1. Covidien Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 10/06/1998  
(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? 08/29/2012
5. Covidien Holding 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. 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.
- John W. Kapples  
(Typed or printed name of person signing)
- Vice President  
(Title of person signing)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COVIDIEN INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "COVIDIEN HOLDING INC.", THE TWENTY-NINTH DAY OF AUGUST, A.D. 2012, AT 10:45 O'CLOCK A.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.

2938508 8320

120995815

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9821037

DATE: 09-04-12