

F99000006056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

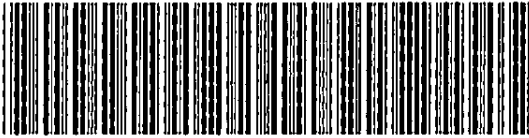
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400412336574

Amend

7/11/23 01026 002

2023 JUL 18 AM 8:45
STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

FILED

2023 JUL 18 AM 10:16

A. RAMSEY

JUL 27 2023

X02250, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: ADVANCED RESPIRATORY, INC.
Ref. Number: F99000006056

CORRECTED
Please Allow For
Same File Date

We have received your document for ADVANCED RESPIRATORY, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

Please show which officers you are adding and which officers you are deleting by putting add, delete or change next to their names on the attachment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 023A00016040

RECEIVED
2023 JUL 26 PM 3:20
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 07/18/2023

Acc#120160000072

eric DW

Name:	Advanced Respiratory, Inc.
Document #:	
Order #:	15038144 - 1

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.)

SECTION I
(1-3 MUST BE COMPLETED)

F99000006056

(Document number of corporation (if known))

1. ADVANCED RESPIRATORY, INC.

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

2. Minnesota 3. 11/22/1999

(Incorporated under laws of) (Date authorized to do business in Florida)

2023 JUL 18 AM 8:45
FILED
DEPARTMENT OF STATE
TALLAHASSEE, 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? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," "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>
See Attached			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			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.

DocuSigned by:

Matthew Rice

0158E6662A746A

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

Matthew Rice

Assistant Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

Advanced Respiratory Inc,
1020 W Country Road F
St. Paul, Minnesota 55126

Directors	
Reaz Rasul	Director, President – add Director title
James K. Saccaro	Director, VP, CFO - remove
Brian C. Stevens	Director, VP, CFO – add Director and CFO title
Officers	
James O'Connell	Vice President - add
Vijay Rangan	Vice President - add
Kari Roehrich	Vice President - add
Charles Chen	Vice President - remove
Ignacio Martinez De Lecea	Vice President - remove
Ethan Berghoff	Assistant Secretary - add
Matthew Rice	Assistant Secretary - add
Holly Tahvonen	Assistant Secretary - add
Christine Fleming	Assistant Treasurer - add