G79500

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
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JUN 07 2018

SEE, FLORIDA

S. YOUNG

S. YOUNG

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ____CryoLife, Inc. DOCUMENT NUMBER: G79500 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andrew Crouse Name of Contact Person CryoLife, Inc. Firm/ Company 1655 Roberts Blvd., NW Address Kennesaw, GA 30144 City/ State and Zip Code meadows.laura@cryolife.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (678) 290-4650

Area Code & Daytime Telephone Number Andrew Crouse Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Articles of Inc of	orporation	
CryoLife, Inc.			
(Name o	f Corporation as currentl	y filed with the Florida D	ept. of State)
G79500			
	(Document Number of	Corporation (if known)	 _
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A ST			· · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	FILED PH 2: 26 ALLAHASSEE, FLORIDA
D. If amending the registered agent an new registered agent and/or the new			ame of the
Name of New Registered Agent	N/A		
	(Florida str	eet address)	
New Registered Office Address:	N/A		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as registed.	ered agent Lam familiar v	with and accept the obligati	
	Signature of New R	egistered Agent, if changin	g

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T= Treasurer; S = Secretary; D = Director; TR = Trustee; C + Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jol</u>	<u>in Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Ronald C. Elkins, M.D.	CryoLife, Inc.
Add			1655 Roberts Blvd., NW
X Remove			Kennesaw, GA 30144
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		 _	
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate NA)
N/A

	May 23, 2018	
The date of each amendment(s) a date this document was signed.	doption: il	other than th
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 5-31	- 18	
	Pohen	
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ned fiduciary by that fiduciary)	
	D. Ashley Lee	
	(Typed or printed name of person signing)	
	EVP. CFO & COO	
	(Title of person signing)	