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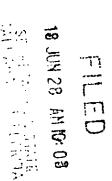


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COVER LETTER

TO: Amendment Section

Division of Corporations

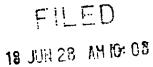
NAME OF CORPORATION: CryoLife, Inc. DOCUMENT NUMBER: (G79500 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andrew Crouse Name of Contact Person CryoLife, Inc. Firm/ Company 1655 Roberts Blvd, NW Address Kennesaw, 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: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation



CryoLife, Inc.		\$517		
(Name of	Corporation as curren	itly filed with the Blori		
G79500				
	(Document Number	of Corporation (if know	(n)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, thi	s Florida Profit Corpoi	ration adopts the following ame	endment(s)
A. If amending name, enter the new nam	e of the corporation:			
N/A			The	new
name must be distinguishable and conta "Corp." "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc." or	"Co". A professional ("P.A."		
B. Enter new principal office address, if	applicable;	N/A		
Principal office address <u>MUST BE A STI</u>				
			••	
			,	
C. Enter new mailing address, if applica	hle			
(Mailing address MAY BE A POST Of		N/A		
				
D. If amending the registered agent and	or registered office ad	dress in Florida, enter	the name of the	
new registered agent and/or the new			THE OWNER OF THE	
Name of New Registered Agent	VA.			
				
-	(Florida :	street address)		
	\$/A			
New Registered Office Address:		(City)	, Florida	
		15. 14.17	(rap Cour)	
New Registered Agent's Signature, if cha	naina Registered Ana	nt:		
hereby accept the appointment as register			ligations of the position.	
•	•	•		

Signature of New Registered Agent, if changing

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 = Trustce; 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Marna P. Borgstrom	CryoLife, Inc.
X Add			1655 Roberts Blvd, NW
Remove			Kennesaw, GA 30144
2) Change			<u> </u>
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

E. If amending (Attach addita	or adding additional Ar ional sheets, if necessary).	ticles, enter change . (Be specific)	r(s) here:		
N/A		, , ,			
			-		
				<u>-</u>	
				 	
···		·			
		<u>.</u>	<u> </u>		
					, ,
		-			
		<u>-</u>			
F. If an amend	lment provides for an exc	change, reclassifica	tion, or cancellati	on of issued share	<u>s.</u>
provisions (if not a	for implementing the amapplicable, indicate N/A)	<u>nendment if not con</u>	tained in the ame	<u>ndment itself:</u>	
N/A					
		<u> </u>	.		
		· · · · · · · · · · · · · · · · · · ·			_
					•
					<u> </u>

	June 19, 2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
· Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statemed or each voting group entitled to vote separately on the amendment(s):	?म
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dun 10/2	22/18	
Dated_U/Z Signature		
Signature	D The	<u> </u>
(By: selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other coubinted fiduciary by that fiduciary)	
	D. Ashley Lee	
	(Typed or printed name of person signing)	
	EVP, CFO & COO	
	(Title of person signing)	