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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS (ANNUAL REPORTS)
Account Number : 120130000003
Phone : (561)694-8107
Fax Number : (561)694-1639

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVENTIV HEALTH CLINICAL SRE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	6
Estimated Charge	\$25.00

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: inVentiv Health Clinical SRE, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

1030 Sync Street

Morrisville, North Carolina, 27560

2. The Florida document number of this limited liability company is: M04000004289

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/08/2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Syneos Health Clinical SRE, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Danielle Gossman, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "INVENTIV HEALTH CLINICAL SRE, LLC", CHANGING ITS NAME FROM "INVENTIV HEALTH CLINICAL SRE, LLC" TO "SYNEOS HEALTH CLINICAL SRE, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2020, AT 2:10 O'CLOCK P.M.



3856311 8100
SR# 20210060491

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202245399
Date: 01-08-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:10 PM 12/21/2020
FILED 02:10 PM 12/21/2020
SR 20200716374 - File Number 3856311

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF FORMATION
OF
INVENTIV HEALTH CLINICAL SRE, LLC

1. The name of the limited liability company is inVentiv Health Clinical SRE, LLC (the "Company").
2. The Certificate of Formation of the Company is hereby amended by deleting item FIRST of the Certificate of Formation in its entirety and substituting the following therefor:
"FIRST. The name of the limited liability company is Syneos Health Clinical SRE, LLC."
3. This Certificate of Amendment of the Certificate of Formation shall be effective upon its filing with the Secretary of State of the State of Delaware.

[signature page follows]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate of Formation this 15th day of December 2020.

INVENTIV HEALTH CLINICAL SRE, LLC

By: Sara Epstein Electronically signed by: Sara Epstein
Reason: I am the approver
Date: Dec 15, 2020 15:24 EST
Name: Sara Epstein
Title: Vice President and Assistant Secretary