McScccc 46/1

(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

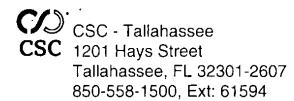


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2023 DEC 14 PH12: 40

RECEIVED
2023 DEC 14 PM 3: 31

R. HUNT 12/14/23



To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 12/14/23 Order #: 1333782-2

Re: PREVENTICE SERVICES, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed-please find:

Supporting Documents

Supporting Documents

Amount to be deducted from our State Account: \$25:00 - FL State Account Number: 120000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florid	a Department of
State: Preventice Services, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 4-	
2. The Florida document number of this fimited liab	bility company is: M080000	04614
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 07/21.	/2021	
SECTION II (5-9 complete only the applicable c		
5. New name of the limited liability company: Box (must	ston Scientific Cardiac Diagn contain "Limited Liability (ostic Services, LLC Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the	g business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	d officer address on our reco dress here:	ords, enter the name of the new
Name of New Registered Agent:	- 	
New Registered Office Address:	, P1/	:1.0:
	Enler Floi	ida Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	l and agree to act in this cup and complete performance of a red agent as provided for in an the registered office addre	my duties, and I am familiar with Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	Name	Address	Type of Action
	<u> </u>		□Add
			□Remove
			□Add
			□Remove
			2023 DEC ↓
			- P.
			DAdd
			□Remove
			□Add
aforementioned ame	ate, if required: no more than 90 of the diment of the law of which this entity is organ. Anthony M. Signature of the	the official having custody of records in the ized.	□Remove

Filing Fee: \$25.00

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PREVENTICE SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BOSTON SCIENTIFIC CARDIAC DIAGNOSTIC SERVICES, LLC" ON THE FIRST DAY OF MAY, A.D. 2023, AT 9:09 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2023 DEC 14 PH 12: 40



Authentication: 204804676

Date: 12-13-23

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