

11120000001283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

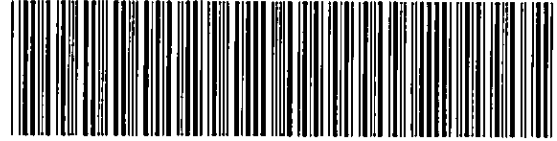
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900428439889

RECEIVED  
MAY 16 7:47  
ALABAMA SECRETARY OF REVENUE

RECEIVED  
2024 MAY 16 PM 4:11  
ALABAMA SECRETARY OF REVENUE

R. HUNT  
05/16/24



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 05/16/2024

Name: Patrice Rush

Reference #: 2367573

Entity Name: EUROFINS ASCEND CLINICAL, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

COGENCY GLOBAL  
5 MAY 2024  
5:47:47

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eurofins Ascend Clinical, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bethany Brenner

Name of Person

Eurofins NSC US, Inc.

Firm/Company

343 West Main St.

Address

Leola, PA

City/State and Zip Code

US\_Legal@nsc.eurofinsus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bethany Brenner

Name of Person

at ( 717 )

5563137

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**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: ASCEND CLINICAL, 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)

2. The Florida document number of this limited liability company is: M12000001283

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 3/6/2012

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

5. New name of the limited liability company: EUROFINS ASCEND CLINICAL, 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: COGENCY GLOBAL INC.

New Registered Office Address: 115 North Calhoun Street, Suite 4

*Enter Florida Street Address*

Tallahassee

*City*

Florida

32301

*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.*

Sheryl A. Gibbs


*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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Chairperson</u>	<u>Brian Tees</u>	<u>175 Crossing Blvd. Framingham, MA 01702</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Manager</u>	<u>Matthew Urbanek</u>	<u>18000 W. 99th Street Lenexa, KS 66219</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>President</u>	<u>Patti Hunsader</u>	<u>435 Oakmead Pkwy Sunnyvale, CA 94085</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Tax Director</u>	<u>Justin Dudas</u>	<u>343 West Main St. Leola, PA 17540</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
		<u>Satellite Healthcare, Inc.</u>	<input checked="" 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

Justin Dudas  
Typed or printed name of signee

Filing Fee: \$25.00

2011  
JUN 7 4:47 PM  
FILED

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ASCEND CLINICAL, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EUROFINS ASCEND CLINICAL, LLC" ON THE FIRST DAY OF APRIL, A.D. 2024, AT 1:46 O'CLOCK P.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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS ASCEND CLINICAL, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2000.

2024  
APR 1 5 11:47  
AM



  
Jeffrey W. Bullock, Secretary of State

3197597 8320  
SR# 20242070845

Authentication: 203459163  
Date: 05-13-24

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)