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Fax Number : ()

: (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SGF SERVICES, LLC

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AHelp9 2020

## 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 Comp	pany as it appear	s on the records	of the Florida Dep	partment of
State: SGF SERVICES, LLC				
Enter new principal office address	s, if applicable:	9600 BLACKW	ÆLL RD.,	
(Principal office address		SUITE 500		
MUST BE A STREET ADDRES	<u>S</u> )	ROCKVILLE,	MD 20850	
Enter new mailing address, if app (Mailing address) MAYBE A POST OFFICE BOX				
2. The Florida document number	of this limited lia	ability company i	is: <u>M1800001070</u>	7
3. Jurisdiction of its organization	DELAWARE			
4. Date authorized to do business	in Florida: 11/0	07/2018 		<del></del>
SECTION 11 (5-9 complete only 5. New name of the limited liabil	ity company: U	IS FERTILITY, L	LC ed Liability Comp	pany, " "L.L.C.," or "LLC."
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability Contains and the contains are contains are contains and the contains are contains and the contains are contains are contains are contains and the contains are contains and contains are contains are contains and contains are contains	managers or ma	maging members	of transacting but adopting the alte	siness in Florida and attach a rnate name. The alternate name
6. If amending the registered ager registered agent and/or the new re	nt and/or register	ed officer addres ddress here:	s on our records,	enter the name of the new
Name of New Registered Agent: New Registered Office Address;	CT CORPORA	TION SYSTEM		
	1200 South Pine Island Road			
	Pla	intatiov	Enter Florida S	
			ity	, Florida 33324 Zip Code
New Registered Agent's Signatur I hereby accept the appointment of the provisions of all statutes relat and accept the obligations of my procument is being filed to merely liability company has been notified.	ns registered age ive to the proper position as regis reflect a change	mt and agree to a cand complete pe tered agent as pr cin the registerea	erformance of my ovided for in Cha	duties, and I am familiar with pter 605, F.S. Or, if this
		The Helling		. Assistant Secretary ure of New Registered Agent
	11 (	THE LICEISE	144 UPrint DiBlion	are at their traditional and time in

8. If the amendment changes person, title or capacity in accordance with n05.0902 (1)(e), indicate that change:						
Title/ Capacity	Name		Fype of Action			
			LlAdd			
			Remove			
			_ ©Add			
			□Remove			
			∰ Add			
		<u> </u>	Remove			
			_ CJAdd			
		IRemove				
			_ Dadd			
agoremention	reconflicate, if required; no more than 90 and amendment(s), duly authenticated by oncer the law of which this entity is out	y the official having custody of records in the	- DRemove			

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 THAT THE SAID 'SGF SERVICES, LLC', FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO 'US FERTILITY, LLC ON THE TWENTY-THIRD DAY OF JULY, A.D. 2020, AT 5:06 O'CLOCK P.M.



Authentication: 203483088

Date: 08-17-20

6642001 8320 SR# 20206783913