

11/30/23, 10:55 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M 21000016082

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QORVO BIOTECHNOLOGIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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ENC - 1 2023

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: QORVO BIOTECHNOLOGIES, LLC

Enter new principal office address, if applicable: 100 Phoenix Dr. Suite 125

(Principal office address
MUST BE A STREET ADDRESS) Ann Arbor, MI 48108

Enter new mailing address, if applicable: 100 Phoenix Dr., Suite 125

(Mailing address
MAY BE A POST OFFICE BOX) Ann Arbor, MI 48108

2. The Florida document number of this limited liability company is: M21000016082

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/01/2021

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

5. New name of the limited liability company: ZOMEDICA BIOTECHNOLOGIES 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>
<u>Member</u>	<u>QORVO US, INC.</u>	<u>7628 THORNDIKE RD.</u>	<input type="checkbox"/> Add
		<u>GREENSBORO, NC 27409</u>	<input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>JASON K GIVENS</u>	<u>14505 21ST AVE. N, STE. 212</u>	<input type="checkbox"/> Add
		<u>PLYMOUTH, MN 55447</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Zomedica Inc.</u>	<u>100 PHOENIX DR STE 125</u>	<input checked="" type="checkbox"/> Add
		<u>ANN ARBOR, MI 48108</u>	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Karen DeHaan-Fullerton</u>	<u>100 Phoenix Drive, Suite 125</u>	<input checked="" type="checkbox"/> Add
		<u>Ann Arbor, MI 48108</u>	<input type="checkbox"/> Remove
<u>CEO</u>	<u>Larry Heaton</u>	<u>100 Phoenix Dr., Suite 125</u>	<input checked="" type="checkbox"/> Add
		<u>Ann Arbor, MI 48108</u>	<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.

Karen DeHaan-Fullerton

Signature of the authorized representative

Karen DeHaan-Fullerton, Secretary

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 "QORVO BIOTECHNOLOGIES, LLC", CHANGING ITS NAME FROM "QORVO BIOTECHNOLOGIES, LLC" TO "ZOMEDICA BIOTECHNOLOGIES LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2023, AT 9:06 O'CLOCK A.M.



6952024 8100
SR# 20233953219

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204576474
Date: 11-13-23