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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
   - [x] profit corporation (KRS 271B)
   - [ ] professional service corporation (KRS 274).
   - [ ] limited liability company (KRS 275).
   - [ ] professional limited liability company (KRS 275
   - [ ] limited cooperative association
   - [ ] cooperative association
   - [ ] nonprofit corporation (KRS 273).
   - [ ] business trust (KRS 386).
   - [ ] limited partnership (KRS 362).
   - [ ] statutory trust (KRS 386)
   - [ ] non-profit LLC (KRS 275).

2. The name of the company is: Osmotica Pharmaceutical Corp.
   (The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Delaware.

4. The entity received authority to transact business in Kentucky on 2/8/2019.

5. The entity has changed its **(check all that apply)**
   - [x] Domicile name to Revitalid Pharmaceutical Corp.
   - [x] Name to be used in Kentucky to Revitalid Pharmaceutical Corp.
   - [ ] Jurisdiction of organization to _____
   - [ ] Period of duration _____
   - [ ] Form of organization _____
   - [ ] Management type: ( ) Member managed [ ] Manager managed

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is _____.

Please indicate the county in which your business operates:
County: _____.

To complete the following, please shade the box completely.

Please indicate the size of your business:
- [ ] Small (Fewer than 50 employees)
- [ ] Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:
- [ ] Women-Owned
- [ ] Veteran Owned
- [ ] Minority Owned

Please indicate which of the following best describes your business:
- [ ] Agriculture
- [ ] Wholesale Trade
- [ ] Public Administration
- [ ] Other
- [ ] Mining
- [ ] Retail Trade
- [ ] Transportation, Communications, Electric, Gas, Sanitary Services
- [ ] Services
- [ ] Manufacturing
- [ ] Construction
- [ ] Finance, Insurance, Real Estate

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Authorized Representative	Printed Name	Title	Date
Christopher Klein	Chris Klein	Secretary	3/10/2023

(1/20)