



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
8/7/2023 3:25 PM  
Fee Receipt: \$40.00

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.9 - 040 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:
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> profit corporation          | <input type="checkbox"/> nonprofit corporation. |
| <input type="checkbox"/> professional service corporation       | <input type="checkbox"/> business trust         |
| <input type="checkbox"/> limited liability company              | <input type="checkbox"/> limited partnership    |
| <input type="checkbox"/> professional limited liability company | <input type="checkbox"/> statutory trust        |
| <input type="checkbox"/> limited cooperative association        | <input type="checkbox"/> non-profit LLC         |
| <input type="checkbox"/> other                                  |   |

2. The name of the company is: PerkinElmer Health Sciences, Inc.  
(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 04/21/2004.

5. The entity has changed its (check all that apply)

- ☒ Domicile name to Revvity Health Sciences, Inc.
- ☐ Name to be used in Kentucky to \_\_\_\_\_
- ☐ Jurisdiction of organization to No Change
- ☐ Period of duration No Change
- ☐ Form of organization No Change
- ☐ Management type: ☐ Member managed ☐ Manager managed

6. This application will be effective upon filing.

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

John L. Healy  
Printed Name

Director, Secretary & VP  
Title

06/22/2023  
Date

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REVVITY HEALTH SCIENCES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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SR# 20232972574

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203725697

Date: 07-12-23