



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0191346.09

mmoore
AMD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 7/6/2023 2:31 PM
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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:

- 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 | |
- The name of the company is: E.I. DU PONT DE NEMOURS AND COMPANY
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Delaware.
- The entity received authority to transact business in Kentucky on 12/06/1915.
- The entity has changed its (check all that apply)

| |
|---|
| <input checked="" type="checkbox"/> Domicile name to <u>EIDP, Inc.</u> |
| <input type="checkbox"/> Name to be used in Kentucky to _____ |
| <input type="checkbox"/> Jurisdiction of organization to <u>No Change</u> |
| <input type="checkbox"/> Period of duration <u>No Change</u> |
| <input type="checkbox"/> Form of organization <u>No Change</u> |
| Management type: <input type="checkbox"/> Member managed <input type="checkbox"/> Manager managed |
- This application will be effective upon filing. 01/01/2023

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

| | | | |
|--|--------------|-------------------|------------|
| | Jori Sawan | Power of Attorney | 07/06/2023 |
| Signature of Authorized Representative | Printed Name | Title | Date |