



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
4/20/2023 2:29 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 type="checkbox"/>            | profit corporation                     | <input type="checkbox"/> | nonprofit corporation. |
| <input type="checkbox"/>            | professional service corporation       | <input type="checkbox"/> | business trust         |
| <input checked="" 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: Varis, LLC  
(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 11/18/2021.

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

- ☒ Domicile name to Varis, Inc.
- ☒ Name to be used in Kentucky to Varis, Inc.
- ☐ Jurisdiction of organization to \_\_\_\_\_
- ☐ Period of duration \_\_\_\_\_
- ☒ Form of organization Corporation
- 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.

Stephen Rullis

Attorney in Fact

04/19/2023

Signature of Authorized Representative

Printed Name

Title

Date

## POWER OF ATTORNEY

**NOTICE IS HEREBY GIVEN THAT VARIS, LLC**, a limited liability company (the "LLC") formed under the laws of the state of Delaware, does hereby appoint as attorneys-in-fact for the LLC (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the LLC and in the LLC's name for the limited purposes authorized herein:

The LLC, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to withdraw, dissolve, convert and qualify/register the converted LLC in any state, as directed and authorized by the LLC.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 12<sup>th</sup> day of April 2023.

**Varis, LLC**  
a Delaware Limited Liability Company

By: \_\_\_\_\_

Name: Diego Anthony Scaglione

Title: Manager

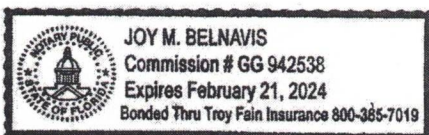
### **NOTARY ACKNOWLEDGEMENT**

State of Florida )

County of Palm Beach )

On this 12<sup>th</sup> day of April 2023, before me, the undersigned, a Notary Public in and for said State, personally appeared Diego Anthony Scaglione, Manager, personally known to me (~~or proved to me on the basis of satisfactory evidence~~) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity (ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.



\_\_\_\_\_  
Joy M. Belnavis, Notary Public