



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
1/17/2023 2:45 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: Ferro Corporation
(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 Ohio.
- The entity received authority to transact business in Kentucky on 04/24/1974.
- The entity has changed its (check all that apply)
 - Domicile name to Vibrantz Corporation
 - Name to be used in Kentucky to Vibrantz Corporation
 - Jurisdiction of organization to _____
 - Period of duration _____
 - Form of organization _____
 - Management type: Member managed Manager managed
- 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.

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|--|--------------|-----------|------------|
| <u>/s/ Mark Whitney</u> | MARK WHITNEY | SECRETARY | 01/13/2023 |
| Signature of Authorized Representative | Printed Name | Title | Date |