



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1007197.09**mmore  
AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 7/24/2023 10:38 AM  
 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 Genetics, 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 Pennsylvania.
4. The entity received authority to transact business in Kentucky on 01/09/2018.
5. The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/> Domicile name to <u>Revvity Omics, Inc.</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>Revvity Omics, Inc.</u>
<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>
<input type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input type="checkbox"/> 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.

DocuSigned by:

John L. Healy

Director, Secretary &amp; VP 07/17/2023

Signature of Authorized Representative

Printed Name

Title

Date