RI SOS Filing Number: 202460718820 Date: 10/21/2024 12:04:00 PM

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State of Rhode Island

Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

REC'D RIDOS BSD 240CT 21 PH12:04:45

| he following statement: 1. Entity ID Number: | 2. The name of th | 2. The name of the corporation is: PSS World Medical, Inc. | | | | |
|--|---|--|--|--|--|--|
| 000100739 | PSS World N | | | | | |
| 3. It is incorporated under the laws of: | | 4. List the date the Certificate of Authority was issued by the RI Department of State: | | | | |
| Florida | | 05/22/1998 | | | | |
| 5. If the entity's name has state the new name: | changed, McKessor | n Medical-Surgical Top Holdings Inc. | | | | |
| | | Check box to indicate no change | | | | |
| 6. The name, if different, | which it elects to use in | Rhode Island is: | | | | |
| "incorporated," or "limited above corporate endings | | Activities and a | | | | |
| above corporate endings (b) If the corporate name | for use in Rhode Island is not available in Rhod | ereof, then list the name of the corporation with the addition of one of the : Toy | | | | |
| above corporate endings (b) If the corporate name corporation will transact to application: | for use in Rhode Island is not available in Rhod ousiness in Rhode Island s changing complete the | ereof, then list the name of the corporation with the addition of one of the : i by le Island, then set forth below the fictitious name under which the | | | | |
| above corporate endings (b) If the corporate name corporation will transact transac | for use in Rhode Island is not available in Rhod ousiness in Rhode Island s changing complete the | ereof, then list the name of the corporation with the addition of one of the corporation with the addition of one of the corporation with the corporation with the addition of one of the corporation with the corporation wit | | | | |
| above corporate endings (b) If the corporate name corporation will transact transac | for use in Rhode Island is not available in Rhod ousiness in Rhode Island s changing complete the | ereof, then list the name of the corporation with the addition of one of the include it is a state of the set forth below the fictitious name under which the disast at a state of the "Fictitious Business Name Statement" to be filed with this effollowing section: *The new purpose should include ALL activity to be the section of the sec | | | | |
| above corporate endings (b) If the corporate name corporation will transact transac | for use in Rhode Island is not available in Rhod ousiness in Rhode Island s changing complete the | ereof, then list the name of the corporation with the addition of one of the interest in the set forth below the fictitious name under which the disast as stated in the "Fictitious Business Name Statement" to be filed with this efollowing section: "The new purpose should include ALL activity to be interest." | | | | |

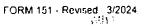
MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov

Friday, NOY

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.





| NUMBER OF SHARES | CLASS | SERIES | PAR VALUE OR STATE NO PAR VALUE | | |
|---|---|---|--|---|-------------------|
| | | | | | — in |
| | | | | | |
| Check the box to indicate an | attachment | · · · · · · · · · · · · · · · · · · · | Check | box to indicate no | change |
| 8a. An estimate, as a percel of the corporation to be local of all property of the corpora (Note: Percentage obtained | ted within this state dution to be owned during | uring the following year | bears to the value | | % |
| 8b. An estimate, as a perce be transacted by the corpora the following year compared corporation during the follow | ation at or from places to the gross amount | s of business in Rhode t thereof which will be tra | sland during insacted by the | | % |
| 9. As required by RIGL 7-1.2 | -105, the corporation | has paid all fees and ta | ixes. | | |
| 10. Except as herein modified hereby confirmed, ratified ar | ed, the original Applicand incorporated by ref | ation for Certificate of Ar erence into this Applica | uthority continues in t tion for Amended Ce | full force and effect rtificate of Authorit | et and is ty. |
| 11. Date when the Amended | Certificate of Authori | ty will be effective: CHE | CK ONE BOX ONLY | / . | ange |
| ✓ Date received (Upon fill | ng) | | | | |
| Later effective date (Da | te must be no more th | han 90 days from the da | ate of filing) | | 4,000 / 4 |
| 12. Under penalty of perjury including any accompanying | | | | | of Authority |
| Name of Authorized Officer | of the Corporation | | | Date | , /3 |
| Juliet Pate | | | | 10/15/2024 | |
| Signature of Authorized Office | cer | | | <u> </u> | id is |
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| Juliet Pate | | | | | an alpha pulse, a |

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 21, 2024 12:04 PM

Gregg M. Amore Secretary of State

Treg M. Coure

