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(Requestor's Name)

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(City/State/Zip/Phone #)

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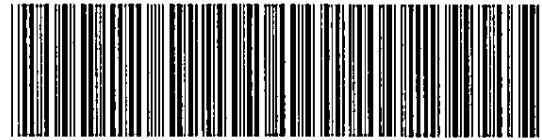
(Business Entity Name)

(Document Number)

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R. WHITE
FEB 08 2018

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18 FEB -5 AM 10:05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sonoma Pharmaceuticals, Inc.
Name of Corporation

DOCUMENT NUMBER: F16000001773

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Schneider
Name of Contact Person

State License Servicing
Firm/Company

1751 State Route 17A, Suite 3
Address

Florida, NY 10921
City/State and Zip Code

OCU@slny.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Schneider at (845 544-2482)
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sonoma Pharmaceuticals, Inc.
2. The principal office address: 1129 N. McDowell Boulevard
Petaluma, CA 94954
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/15/2016 Document number: F16000001773

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

VCorp Services, LLC
5011 South State Road 7, Suite 106
Davie, FL 33314

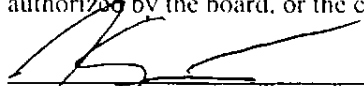
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

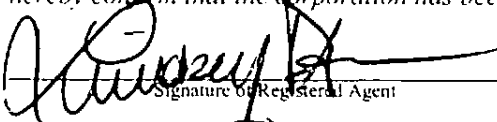


Signature of an officer or director

Jim Schutz - CEO

Printed or typed name and title

Whereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

12/26/2017

Date

If signing on behalf of an entity:
Lindsey Dane on behalf of InCorp Services, Inc.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

JAN 31 2018