

615826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

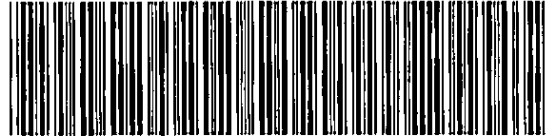
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONTINENTAL BLOOD COMPONENTS, INC.
Name of Corporation

DOCUMENT NUMBER: 615826

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:

Patrick Alayon, Esq.
Name of Contact Person

Alayon and Associates, P.A.
Firm/Company

135 San Lorenzo Ave. Suite 820
Address

Coral Gables, FL 33146
City/State and Zip Code

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

For further information concerning this matter, please call:

Patrick Alayon, Esq. at (305) 216-4086
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONTINENTAL BLOOD COMPONENTS, INC.
2. The principal office address: 1300 NW 36TH STREET
MIAMI, FL 33142
3. The mailing address (if different): P.O. BOX 420950
MIAMI, FL 33242-0950
4. Date of incorporation/qualification: 03/29/1979 Document number: 615826
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)

GLASSER, GENE K, ESQ., GREENSPOON MARDER, P.A..
200 EAST BROWARD BLVD. SUITE 1800
FORT LAUDERDALE, FL 33301

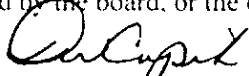
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

A&A REGISTERED AGENT, INC.
135 SAN LORENZO AVENUE SUITE 820
P.O. Box NOT acceptable
Coral Gables, FL 33146

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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.

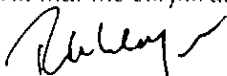


Signature of an officer or director

RICARDO W. CAPIK President

Printed or typed name and title

I hereby 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

6/25/2018

Date

If signing on behalf of an entity:

A&A Registered Agent, Inc.

Typed or Printed Name

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