

741799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

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SUBJECT: First Coast Blood Alliance, Inc.
Name of Corporation

DOCUMENT NUMBER: 741799

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:

Valerie A. Collins, President and CEO

Name of Contact Person

First Coast Blood Alliance, Inc.

Firm/Company

7595 Centurion Parkway

Address

Jacksonville, FL 32256

City/State and Zip Code

vcollins@thebloodalliance.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Collins

Name of Contact Person

at (904) 353-8263 x2205

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

COPY

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: First Coast Blood Alliance, Inc.
2. The principal office address: 7595 Centurion Parkway
Jacksonville, FL 32256
3. The mailing address (if different): same
4. Date of incorporation/qualification: 02/23/1978 Document number: 741799
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)

Dale R. Malloy

7595 Centurion Parkway

Jacksonville, FL 32256

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

Valerie A. Collins

7595 Centurion Parkway

P.O. Box NOT acceptable

Jacksonville, FL 32256

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.

Valerie Collins

Signature of an officer or director

VALERIE COLLINS, 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.

Valerie Collins

Signature of Registered Agent

10-29-2012

Date

If signing on behalf of an entity:

VALERIE COLLINS

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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