

B9500000097

(Requestor's Name)

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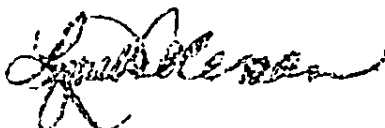
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RECEIVED

SECRETARY OF
TALLAHASSEE, FLORIDA

M. SOLOMON
JUN 27 2025

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 
AUTHORIZATION :
COST LIMIT : \$ 35

ORDER DATE : 06/25

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
___ PLAIN STAMPED COPY

CONTACT PERSON:

EXAMINER'S INITIALS: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BIOLIFE PLASMA SERVICES L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/20/1995 3. B95000000097
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/ Max Heuer Max Heuer, Asst. Secretary on behalf of
Signature of General Partner BioLife Plasma L.L.C., General Partner

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 an accept the obligations of my position as registered agent.

Ami M. Casper Corporation Service Company
Signature of Registered Agent Ami M. Casper, Asst. Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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