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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6380

Figure :

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE BIVAC NORTH AMERICA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

NOV 2 1 2011---

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TQ:

SUBJECT:	BIVAC North A	merica, Inc.
	Name of	Corporation
DOCUMENT NUMB	ER:	01000001420
The enclosed Statemen	t of Change of Registered Offic	cc/Agent and fee are submitted for filing,
	pondence concerning this matte	_
	N	
	Name of Co	ntact Person
_	Firm/C	ompany
	Add	ress
	City/State ar	nd Zip Code
E-m	ail address: (to be used for f	uture annual report notification)
For further information (concerning this matter, please o	ail.
Name of	Contact Person	ar () Area Code & Daytime Telephone Numb
Enclosed is a \$35.00 che	ck made payable to the Departs	ment of State.
:	Mailing Address: Amendment Section	Street Address: Amendment Section
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
]	P.O. Box 6327	Clifton Building
•	l'allahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of a	change is submitted for a co	rporation organiz	. 607.1508, or 617.1508, Flo ed under the laws of the State ed agent, or both, in the State	e of DE	
1. The name o	of the corporation: BIVAC N	lorth America, Inc.			
	al office address: 8175 NW				- -
3. The mailing	address (if different): C/O	ORRICK, ATTN:	B. HAIMES, 51 W. 52ND ST.	, NEW YORK, NY 10019	~
4. Date of inco	orporation/qualification:	03/14/2001	Document number:	F01000001420	- -
	nd street address of the currentment of State: (If resigne		nt and registered office on fil	e with the	
	CORPORATION SERVI	CIE COMPANY			
·	1201 HAYS STREET				
	TALLAHASSEE FL 3230)]			
The name ar (if changed):	C T Corporation System		if changed) and /or registered	l office	
	c/o C T Corporation System	n, 1200 South Pine P.O. Bux NOT to			
	Plantation, Florida 33324				
The street addr	ress of its registered office I be identical.	and the street ad	dress of the business office	of its registered agent,	
Such change wanthorized by t	as authorized by resolution the board, or the corporation	n duly adopted b on has been notifi	y its board of directors or by ed in writing of the change.	an officer so	
- Heather	Bus —		Heather Bush, S	•	
		ered agent and a ons of all statute accept the obliga a change in the ro of this change.	Printed or typed name of typed name of the groups of the proper and thou of my position as registered office address. I he		
	Corporation System		11/21/2011	ALL	=
_ <u>·</u>	nuture of Registered Agent		Date		5
	ehalf of an entity:	Kristin Bo	olden '	55	7

Assistant Secretary

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

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

CR2E045 (8/05)

P1.006 - 07/23/2019 C.T Systom Catine