

5/6/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
BIOTEST PHARMACEUTICALS CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

2020 MAY - 7 PM 4:17

2020 MAY - 6 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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\*\*\*HONOR ORIGINAL DATE 05-06-2020\*\*\*

MAY 08 2020

\*\*\*HONOR ORIGINAL DATE 05-06-2020\*\*\*



May 7, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BIOTEST PHARMACEUTICALS CORPORATION  
5800 PARK OF COMMERCE BLVD. NW  
BOCA RATON, FL 33487

SUBJECT: BIOTEST PHARMACEUTICALS CORPORATION  
REF: F07000006010

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000134183  
Letter Number: 120A00009370

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F07000006010

(Document number of corporation (if known))

1. BIOTEST PHARMACEUTICALS CORPORATION

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

3. 12/10/2007

(Incorporated under laws of)

(Date authorized to do business in Florida)

**SECTION II**  
**(+7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 04/13/2020

5. BPC Plasma, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

no change

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

no change

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

C T Corporation System

1200 S Pine Island Road

(Florida street address)

New Registered Office Address:

Plantation

(City)

Florida 33324

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Patricia Belanger, Assistant Secretary

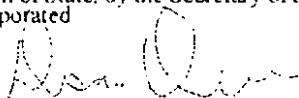
Signature of New Registered Agent, if changing

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 SECRETARY OF STATE  
 TALLAHASSEE, FL 32399

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	L Remove
_____	_____	_____	Add
_____	_____	_____	L Remove
_____	_____	_____	L Add
_____	_____	_____	L Remove
_____	_____	_____	Add
_____	_____	_____	L Remove
_____	_____	_____	Add
_____	_____	_____	L Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Donna Quinn, Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BIOTEST  
PHARMACEUTICALS CORPORATION", FILED A CERTIFICATE OF AMENDMENT,  
CHANGING ITS NAME TO "BPC PLASMA, INC." ON THE THIRTEENTH DAY OF  
APRIL, A.D. 2020, AT 9:41 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

4420725 8320  
SR# 20203266545

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202847415  
Date: 04-29-20