Division of Corporations Electronic Filing Cover Sheet

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(((H110002417203)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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 ent: ty to be used for future annual report mailings. Enter only one email address please. **

| Tarada Balancas. | | | |
|------------------|----------------|--|--|
| | Email Address: | | |

REGISTERED AGENT CHANGE DCI BIOLOGICALS, INC.

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

10/5/2011

COVER LETTER

| TO: Amendment So Division of Co | ection reporations |
|--|---|
| SUBJECT: | DCI Biologicals, Inc. |
| SOUPECT | Name of Corporation |
| DOCUMENT NUMB | ER:F08000005371 |
| The enclosed Statemen | at of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all corres | pondence concerning this matter to the following: |
| <u>:</u> | Name of Contact Person |
| <u></u> | DCI Biologicals, Euc. |
| <u>. </u> | 220-05 97 the Avenur |
| | Queus Villago NY 11429 City/State and Zip Code |
| Ba | david Spint @ dci plasme.com mail address: (to be used for future annual report notification) |
| For further information | n concerning this matter, please call: |
| Name o | Solute. at (719 475-3300) Area Cole & Daytime Telephone Number |
| Enclosed is a \$35,00 c | heck made payable to the Department of State. |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Strey: Address: Amendment Section Division of Corporations Clift:n Building 2661 Executive Center Circle |

Tallabassee, FL 32301

CR2E045 (8/05)

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

| 1. The name of | the corporation: DCI BIOLOGICALS, INC. | |
|--|--|---|
| | l office address: 220-05 97TH AVE. | |
| | LAGE NY 11429 | |
| 3. The mailing a | address (if different): | , |
| 4. Date of incor | rporation/qualification: 12/18/2008 Document number: F0800000 | 5371 🚅 |
| | d street address of the current registered agent and registered office on file with the utment of State: (If resigned, enter resigned) | |
| | SILVER, MARTIN | SE TO |
| | 41 INDIAN C REEK DRIVE | では、 |
| | INDIAN CREEK VILLAGE FL 33154 | 10 55 10 55 |
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or registered office | D.F. |
| | C T Corporation System | |
| | c/o C T Corporation System, 1200 South Pine Island Road | |
| | P.O. Box NOT acceptable | |
| | Plantation, Florida 33324 | |
| The street addr | ress of its registered office and the street address of the t usiness office of its registere t | d agent, |
| Such bhange wanthorized by t | was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| - | ure of an officer of director Pff lied or typed stame and title | Exec VP |
| I hereby accep I further agree of my duties, a document is be corporation ha | of the appointment as registered agent and agree to act in this capacity, it to comply with the provisions of all statutes relative to the proper and complete perf and I am familiar with and accept the obligation of my position as registered agent. Ceing filed merely to reflect a change in the registered office address, I hereby confirm as been notified in writing of this change. | ormance)r, if this that the |
| By: | T Corporation System | |
| Si | Juan Grajeda behalf of an entit Assistant Secretary | |
| | Typod 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 CR2E045 (8/05)