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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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REGISTERED AGENT CHANGE LIFECELL CORPORATION

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

statement of cha	nge is submitted for a corporation organize	607.1508, or 617.1508, Florida Statutes, this adunder the laws of the State of Delaware	
in orde	r to change its registered office or registere	d agent, or both, in the State of Florida.	
1. The name of t	he corporation: LIFECELL CORPORATION	N	
2. The principal	office address: 1 N. Waukegan Road, North 6	Chicago, Illinois 60064	
3. The mailing a	ddress (if different): 1 N. Waukegan Road, t	North Chicago, Illinois 60064	
4. Date of incorp	poration/qualification: 11/15/2010	Document number: 1-10000004989	
5. The name and Florida Depar	I street address of the current registered age tment of State: (If resigned, enter resigned)	nt and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD	[B*	· 2
	PLANTATION, FL 33324		2021 AUS
PLANTATION, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporate Creations Network Inc.		15 31 A	
	Corporate Creations Network Inc.		AM IO
	801 US Highway 1,		: 00
	P.O. Box N North Palm Beach, FL 33408	4OT acceptable	
The street addr	ess of its registered office and the street ac	ddress of the business office of its registered a	gent,
Such change w authorized by t	as authorized by resolution duly adopted the board, or the corporation has been notified.	by its board of directors or by an officer so field in writing of the change.	
	- Dul	Carlos M Alvarez, Attorney-in-Fact	
Signan	ire of an officer or director	Printed or typed name and little	
I further agree of my duties, at document is be	t the appointment as registered agent and to comply with the provisions of all statut nd I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete perforn ation of my position as registered agent. Or, t registered office address, I hereby confirm tho	nance if this it the
	Jul.	08/27/2021	
St	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Carlos M Alvar	ez, Special Secretary		
	Typed or Printed Name		
	* * * FH INC FFE	- e35 nn + + +	