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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

| F41 | Address: | | | |
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| cmall | Address. | | | |

REGISTERED AGENT CHANGE **BIO PRODUCTS LABORATORY USA, INC.**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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COVER LETTER

TO:

Amendment Section

| Division of Corporations | |
|--|--|
| SUBJECT: Bio Products Lab | poratory USA, Inc. |
| Name of Corporation | |
| DOCUMENT NUMBER: F110000 | 02860 |
| The enclosed Statement of Change of Registered C | Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this m | atter to the following: |
| Mary Castilla | |
| Mary Castillo | ···· |
| Name of Contact Person | |
| Registered Agent Solutions, Inc. | |
| Firm/Company | |
| 1701 Directors Blvd. Suite 300 | |
| Address | |
| Austin, Texas 78744 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual re | eport notification) |
| For further information concerning this matter, plea | ase call: |
| Mary Castillo | at (888) 705-7274 Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the De | epartment of State. |
| Mailing Address: | Street Address: |
| Amendment Section | Amendment Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| Tallahassee, FE DZD14 | 2712 14. MOHOC SHEEL, BUILD OTO |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha | ange is submitted for a corpor | 02, 617,0502, 607,1508, or 617. ation organized under the laws | of the State of Delaware | _ |
|--|---|---|--|------------------|
| in orde | er to change its registered offi | ce or registered agent, or both, | in the State of Florida. | |
| 1. The name of | the corporation: Bio Proc | ducts Laboratory U | SA, Inc. | _ |
| 2. The principal | l office address: 302 EAS | ST PETTIGREW ST | REET SUITE C-19 | <u>}C</u> |
| <u>DURHA</u> | AM, NC 27701 | | | |
| | address (if different): | | | |
| 4. Date of incor | rporation/qualification: 7/14 | 1/2011 Document nu | mber: F11000002860 | |
| | d street address of the current artment of State; (If resigned, e | registered agent and registered (enter resigned) | office on file with the | |
| | NRAI SERVIC | ES, INC | | |
| | 1200 SOUTH PINE IS | LAND ROAD | | |
| | PLANTATION | FL | 33324 | |
| 6. The name an (if changed): | Registered Age | ent Solutions, Inc. | or registered office 2120 | |
| | 155 Office Plaz | | | |
| | Tallahassee | P.O. Box NOT acceptable FL 32301 | | |
| The street addr as changed wil | ress of its registered office an | d the street address of the busin | ness office of its registered age | ıt, |
| Such change wanthorized by t | vas authorized by resolution of the board, or the corporation | fuly adopted by its board of dir has been notified in writing of | ectors or by an officer so the change. | |
| /s/ Evan Se Signal | elig ture of an officer or director | Evan Selig | Secretary or typed name and title | _ |
| I further agrée of my duties, a document is be | of the appointment as registers to comply with the provision and I am familiar with and accessing filed merely to reflect a c us been notified in writing of i | ed agent and agree to act in this of all statutes relative to the cept the obligation of my positioning in the registered office whis change. | is capacity, proper and complete performa on as registered agent. Or, if t address, I hereby confirm that t | ice his he |
| Hoe | gnature of Registered Agent | 06/05/202 | O Date | _ |
| | whalf of an entity: | | | |
| | t, Assistant Secretary | | | |
| | Typed 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 (04/13)

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