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(((H20000182985 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Ċ

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.

| Fmail | Address: | | | |
|--------|-----------|--|--|--|
| CINGTT | MUUI ESS. | | | |

REGISTERED AGENT CHANGE **BIO PRODUCTS LABORATORY LIMITED INCORPORATED**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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COVER LETTER

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| TO: | Amendment Section | | | |
|-----|--|--|--|--|
| | Division of Corporations | | | |

| SUBJECT: BIO PRODUCTS LABORATORY LIMITED INCORPORATED Name of Corporation | |
|---|----------------------------|
| · | |
| DOCUMENT NUMBER: F12000002897 | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submi | tted for filing. |
| Please return all correspondence concerning this matter to the following: | |
| Mary Castillo | |
| Name of Contact Person | |
| REGISTERED AGENT SOLUTIONS, INC. | |
| Firm/Company | |
| 1701 DIRECTORS BLVD, STE 300 | |
| Address | |
| AUSTIN, TEXAS 78744 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| MARY CASTILLO at (888)705-72 | 274 me Telephone Number |
| Name of Contact Person Area Code & Dayti | me Telephone Number |
| | |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

H200000182985 3

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

| • | • | 17.0502, 607.1508, or 617.1508, Florida Si a organized under the laws of the State of $\underline{\mathbb{C}}$ | _ |
|--|---|--|---------------------|
| in orde | r to change its registered office or | registered agent, or both, in the State of Fi | lorida. |
| 1. The name of t | he corporation: BIO PRODUCTS | LABORATORY LIMITED INCORPORATE | CD CD |
| 2. The principal | office address: DAGGER LANE, I | HERTFORDSHIRE WD6 3BX | _ |
| ELSTREE UNI | TED KINGDOM, AL | | |
| 3. The mailing a | ddress (if different): 302 EAST PE | ETTIGREW STREET SUITE C-190 DURHA | AM, NC 27701 |
| 4. Date of incorp | poration/qualification: 07/12/2012 | Document number: F1200000 | 2897 |
| | street address of the current regis truent of State: (If resigned, enter | stered agent and registered office on file wit resigned) | h the |
| | NRAI SERVICES, INC | | |
| | 1200 SOUTH PINE ISLAND ROA | AD | 2 2 SA1 |
| | PLANTATION, FL 33324 | | 2020 JUN SECRETA |
| 6. The name and (if changed): | street address of the new registen | ed agent (if changed) and /or registered offi | esser 16 |
| | REGISTERED AGENT SOLUTION | ONS, INC. | AH 8: FOXA |
| | 155 OFFICE PLAZA DR. SUITE | A | : 39 RID. |
| | | P.O. Box NOT acceptable | |
| | TALLAHASSEE, FL 32301 | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its | registered agent, |
| Such change wa authorized by th | as authorized by resolution duly a ne board, or the corporation has b | adopted by its board of directors or by an open notified in writing of the change. | officer so |
| Isi Evan Seli | e of an officer or director | Evan Selig, Secretary | |
| Signatu | re of an officer or director | Printed or typed name and titl | e . |
| l further agree i of my duties, an document is bei | to comply with the provisions of a d I am familiar with and accept t | gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered to in the registered office address, I hereby hange. | agent. Or, if this |
| И | ockersing the | 06/01/2020 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Mackenzie Hart, | Assistant Secretary | _ | |
| T | pped or Printed Name | • | |

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