

F 141000004033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2 doc's 1 fee
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Office Use Only



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03/13/15--01003--001 **\$2.50

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15 JUN 16 PM 2:58
TALLAHASSEE, FLORIDA

Handwritten signature

JUN 16 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2015

BARBARA A KONKLE
921 TERRY AVE
SEATTLE, WA 98104

SUBJECT: PUGET SOUND BLOOD CENTER AND PROGRAM, INC.
Ref. Number: F14000004033

We have received your document for PUGET SOUND BLOOD CENTER AND PROGRAM, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you have submitted is a filed stamped copy of the articles of amendment filed last year on Dec. 30, 2014. This is not considered a certificate of authentication and also, does not meet the authentication guidelines since it is more than 90 days old.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 315A00009485

RECEIVED
15 JUN 16 AM 10:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2015

BARBARA A KONKLE
921 TERRY AVE
SEATTLE, WA 98104

SUBJECT: PUGET SOUND BLOOD CENTER AND PROGRAM, INC.
Ref. Number: F14000004033

We have received your document for PUGET SOUND BLOOD CENTER AND PROGRAM, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

You cannot submit articles of amendment and amended and restated articles of amendment under one filing fee. Please choose one and resubmit.

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) 945-6850.

Rebekah White
Regulatory Specialist II

Letter Number: 915A00007505

RECEIVED

15 MAY -4

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2015

BARBARA A KONKLE
921 TERRY AVE
SEATTLE, WA 98104

SUBJECT: PUGET SOUND BLOOD CENTER AND PROGRAM, INC.
Ref. Number: F14000004033

We have received your document for PUGET SOUND BLOOD CENTER AND PROGRAM, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents under one filing fee. Please choose one and resubmit or remit an additional \$35.00 to file them both.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 815A00005286

RECEIVED
15 APR 13 PM 3:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Puget Sound Blood Center and Program

Name of Corporation

DOCUMENT NUMBER: F1400000403

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara A. Konkle

Name of Contact Person

Bloodworks

Firm/Company

921 Terry Avenue

Address

Seattle, WA 98104

City/State and Zip Code

BarbaraK@bloodworksnw.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Konkle

Name of Contact Person

at (**206**) **689-6191**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

NOT FOR PROFIT CORPORATION
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA
(Pursuant to s. 617.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F1400000403

(Document Number of Corporation (If known))

1. Puget Sound Blood Center and Program Inc
(Name of corporation as it appears on the records of the Department of State)

2. Washington 3. 09/23/2014
(Incorporated under laws of) (Date authorized to conduct affairs in Florida)

SECTION II
(4-8 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. May 20, 2015

5. Bloodworks, Inc.
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

(New duration) (Date)

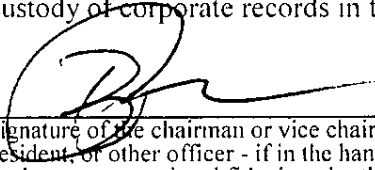
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

(New jurisdiction) (Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. 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 the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Robert J. Gleason

(Typed or printed name of the person signing)

Chief Financial Officer

(Title of person signing)

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF BLOODWORKS

I FURTHER CERTIFY that the records on file in this office show that the above named
Nonprofit Public Benefit Corporation was formed under the laws of the State of WA and was
issued a Certificate Of Incorporation in Washington on 12/19/1977.

I FURTHER CERTIFY that as of the date of this certificate, BLOODWORKS remains active
and has complied with the filing requirements of this office.

Date: May 20, 2015

UBI: 601-141-555



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

FILED
DEC 30 2014
WA SECRETARY OF STATE

State Of Washington
Corporations Division
Office Of The Secretary Of State

12/30/14 2811799-
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\$90.00 K
tid: 2903187

ARTICLES OF AMENDMENT

UBI No. 601-141-555

Pursuant to RCW 24.03.170 of the Washington Nonprofit Corporation Act, the undersigned corporation hereby submits the following amendment to the corporation's Articles of Incorporation.

1. The name of the corporation is: Puget Sound Blood Center and Program.
2. Article I is hereby deleted in its entirety and shall read as follows:

ARTICLE I

The name of the corporation shall be Bloodworks.

3. Article V is hereby deleted in its entirety and shall read as follows:

ARTICLE V

The address of the initial registered office of the corporation shall be 1201 Third Avenue, Suite 3200, Seattle, Washington 98101. The name of the initial registered agent of the corporation at such address shall be Thomas A. Sterken.

4. There are no members that have voting rights. The amendment was approved by the unanimous written consent of the Trustees as of December 23, 2014.
5. These Articles of Amendment will be effective as of January 1, 2015.
6. This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

DATED this 23rd day of December, 2014.

PUGET SOUND BLOOD CENTER AND PROGRAM

By:

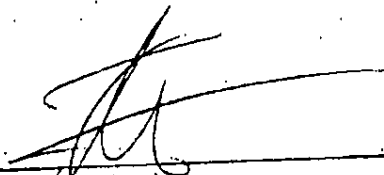

Robert J. Gleason, Chief Financial Officer



CONSENT TO APPOINTMENT AS REGISTERED AGENT

I, Thomas A. Sterken, hereby consent to serve as registered agent, in the State of Washington for Bloodworks. I understand that as agent for the corporation, it will be my responsibility to accept service of process in the name of the corporation; to forward all mail and license renewals to the appropriate officer(s) of the corporation; and to immediately notify the Office of the Secretary of State of my resignation or of any changes in the address of the registered office of the corporation for which I am agent.

DATED this 29th day of December, 2014.


Thomas A. Sterken