Division of Corporations Electronic Filing Cover Sheet

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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)205-8842

Fax Number

: (850)878-5368

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

Emei	1	Address	•

REGISTERED AGENT CHANGE BIOMEDICAL ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

JUN 1 0 2018

C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

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

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statement of chi	ange is submitted for a corporation organ	72, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Texas	-	
		ered agent, or both, in the State of Florida.		
1. The name of	the corporation: BIOMEDICAL ENTERPH	GSES, INC.		
2. The principal	office address: 14785 OMICRON, STE. 2	05, SAN ANTONIO, TX 78245	···	
3. The mailing			,	
4. Date of incor	poration/qualification: 03/24/2016	Document number: F16000001438		
	d street address of the current registered a	agent and registered office on file with the ed)		
	BLUMBERGEXCELSIOR CORPORATI	e services, inc.		
	155 OFFICE PLAZA IST FLOOR , TALE	_AHASSEE, FL 32310		
•			<u>≥</u> (2)	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	LAHASS	
:	C T Corporation System		SEE.F	
	c/o C T Corporation System, 1200 South Pine Island Road			
	FO. Box NOT ecceptable Plantation, Plorida 33324			
The street addre		address of the business office of its registered age	豆 <u></u> 扁 nt,	
		by its board of directors or by an officer so tified in writing of the change.		
authorized by the	ne board, or the corporation has been no			
Classification	Q ALLO 3 CONTROL OF CHILDREN OF CHILDREN	Printed or typed numbe and talle	•	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and is document is being filed merely to refi that the corporation has been notified it	d agree to act in this capacity. ules relative to the proper and complete eccept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.		
By: CT Cor	poration System ·	05/17/2016		
-/- (NOW V	nature of Registrant Agent Assistant Secretary	Date	•	
If signing on be	half of an entity:			
	oration System			
T	yped or Printed Name			

AM IO:

* * * 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 (03/12)