

**Enrollment**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

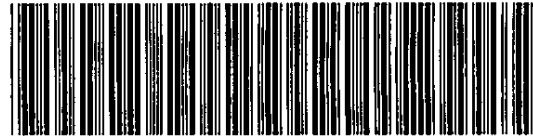
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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*Richy*

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R. WHITE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Biom Pharmaceutical Corporation.  
Name of Corporation

**DOCUMENT NUMBER:** F17000000198

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vijitha. Vivekanandan  
Name of Contact Person

Firm/Company

2358 Milford Cir  
Address

Sarasota, FL - 34239  
City/State and Zip Code

Vijithanv@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vijitha. Vivekanandan at ( 505 ) 269 6082  
Name of Contact Person Area Code & Daytime 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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BIOM PHARMACEUTICAL CORPORATION  
2. The principal office address: 2203 Industrial Blvd  
Sarasota 34234  
3. The mailing address (if different): Same  
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: F17000000198  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

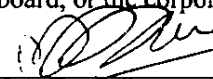
1200 Business Filings Incorporated  
1200 South Pine Island Rd  
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office, (if changed):

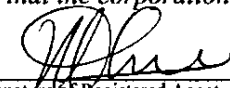
Vijitha. Virekanandan  
2258 Milford circle  
P.O. Box NOT acceptable  
Sarasota, FL - 34239

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Bobban Subhadra, President & Director  
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 8/1/2017  
Signature of Registered Agent Date

If signing on behalf of an entity:

Vijitha. Virekanandan  
Typed or Printed Name

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