

F19000003131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

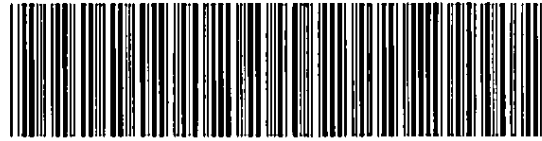
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700412335717

Nlc Amend

2023 JUL 17 15:07

23

2023 JUL 17 AM 10:22

02250, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: INTERSTATE BLOOD BANK, INC.
Ref. Number: F19000003131

CORRECTED
Please Allow For
Same File Date

We have received your document for INTERSTATE BLOOD BANK, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

Please see line #4. The date that the name change took place in Tennessee should match the date on the certified copy 10-7-22.

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.

Annette Ramsey
OPS

Letter Number: 423A00015932

RECEIVED
JUL 17 10:07

RECEIVED
2023 JUL 19 AM 10:43
TALLAHASSEE, FLORIDA

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 07/17/2023
Acc#I20160000072

en: c DW

Name:	Interstate Blood Bank, Inc.
Document #:	
Order #:	15032832

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

2023.07.17 10:07

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000003131

(Document number of corporation (if known))

1. INTERSTATE BLOOD BANK, INC.
(Name of corporation as it appears on the records of the Department of State)
2. Tennessee 3. 07/09/2019
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 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? 10/07/2022
5. Grifols Bio Supplies Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

2021.07.17 10:07

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	Add
		<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
		<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
		<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
		<hr/>	<input type="checkbox"/> Remove

10. 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.

DocuSigned by:

Frederic Esrailian

8E06E2C9558544D ..

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Frederic Esrailian

Corporate Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

2025-07-17 17:14:07



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
SUITE B
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

July 13, 2023

Control # 16141

Effective Date: 10/07/2022

Receipt # : 8246322

Filing Fee: \$20.00

CERTIFICATE OF NAME CHANGE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **INTERSTATE BLOOD BANK, INC.** were filed in this office on the effective date noted above, changing the name to **Grifols Bio Supplies Inc..**

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick