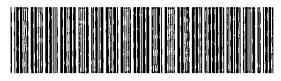
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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: March 22, 2019

Order#: 553018-066

Re: DCI BIOLOGICALS TEMPLE TERRACE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

FILED 2019 MAR 26 PM 12:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: DCI BIOLOGICA	ALS TEM	PLE TERF	RACE, LLC			
2. (a) _	5252 E Fowler Ave Temple	(b)	2801 V	/ia Fortuna			
		Principal office address of limited liability company:		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		(<u>Note: MUST BE STREET ADDRESS</u>)			(Note: MAY BE F	<u> WST OFFICE</u>	BOX)	
				Suite 400	0			
		Terrace, FL 33617		Austin, TX 78746				
		07/08/2003		M030000	002206			
3.		Date of filing/registration in Florida	4.		Document numb	ner		
5.	(a)	C T CORPORATION SYSTEM						
٠, د.	(4)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	 le:			
		1200 SOUTH PINE ISLAND ROAD				%		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	上景 豆		
			<u></u>			APPRU FILI 2019 HAR 26 SEORETAGE		
		PLANTATION FI.	33324		_	#A =4 (11(D)		
(
	b)	Corporation Service Company	·		_	PH 12:	့ 	
		Enter name of NEW Registered Agent and/or NEW Registered 0	Office add	<u>ress</u> :		- 현무 -	1	
		1201 Hays Street						
		NEW Registered Office Address:						
					_			
		Tallahassee .FL	32301		_			
the ager	chai it w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the of Organization or the operating agreement of the l	the regis bility co f the limi	ered office npany, it is ted liabilit	e and the business s hereby confirme y company or as o	s office of th ed that the cl	e registered hange(s)	
		Xie & Cone	Jill C	ilmi, Autho	orized Person			
Si	gnat	ure of a member or authorized representative of a member			Printed or typed nar	me of signee		
the to m	asio obli iere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have I in writing of this change.	ee to act performa I for in C ereby co	in this cap nce of my hapter 605 nfirm that	acity. I further a duties, and I am f 5, F.S. Or, if this the limited liabili	gree to comp amiliar with document is ity company	ply with the and accept being filed has been	
	人_	e of Registered Agent Corporation Service Company	DV C	C. 1/2		n 11 .		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00