150047

(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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SECRETARY OF STATE
TALLAHASSEE, FL 2024 DEC 19 PM 2: 41

2024 DEC 19 PM12: 05

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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 12/18/24 Order #: 1723101-3 Re: Oneblood, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

is oce na

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

754 DEC 19 PM 2:

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or ir to change its registered office or r	organized under the laws	of the State of Florida	this			
1. The name of t	the corporation: ONEBLOOD, INC						
2. The principal	office address: 8669 Commodity C	ircle, Orlando, FL 32819					
3. The mailing a	address (if different);						
	poration/qualification: July 27, 199						
	d street address of the current register timent of State: (If resigned, enter re		office on tile with the				
	F & L Corp.						
	One Independent Drive, Suite 13	00					
	Jacksonville	FL	32202	SECF TA			
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /	or registered office	ECRETARY OF ST TALLAHASSEE.			
Corporation Service Company							
	1201 Hays Street						
P.O. Box NOT acceptable							
	Tallahassee	FL :	32301				
The street address changed will	ess of its registered office and the s be identical.	treet address of the busin	ness office of its registe	ered agent,			
Such change wa authorized by the	as authorized by resolution duly ad he board, or the corporation has be-	opted by its board of dirent notified in writing of	ectors or by an officer the change.	so			
/s/ Martin Grable		Martin Grable	EVP				
Signature of an officer or director		Printed -	or typed name and title				
I further agrée of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed mcrely to reflect a change s been notified in writing of this ch n Service Company	l statutes relative to the p e obligation of my position in the registered office a	is capacity. oroper and complete po on as registered agent. address, I hereby confit	erformance Or, if this rm that the			
By: Lindson 1	M. Kackard		12/11/2024				
Lindsey M. Lockal	nature of Registered Agent rd. Assistant Vice President		Date	<u> </u>			
If signing on bo	chalf of an entity:						
	yped or Printed Name						
	* * * FILIN	G FEE: \$35.00 * * *					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)