

8/1/2019

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 2019-08-01 14:52:59 CST  
 Division of Corporations  
 12122023573 From: Kimberly Laughrey

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (514)280-3338  
 Fax Number : (954)208-0845

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

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2019 AUG -5 PM 4:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
 PERFUSION.COM, INC.

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

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# 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: Perfusion.com, Inc.
2. The principal office address: \_\_\_\_\_  
391 SNOW DRIVE FT MYERS, FL 33919
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/17/2003 Document number: P03000117706
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)  
BRYAN V LICH  
391 SNOW DR FT MYERS, FL 33919
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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.

*Natalie Pickens*

Natalie Pickens-Secretary

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.*

C T Corporation System

By: *[Signature]*  
Signature of Registered Agent

8-1-19

Date

If signing on behalf of an entity:

Sarah Revell-Asst. Secretary

Typed or Printed Name

\*\*\* 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)