## PO4000143756

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Busiliess Littly Walle)				
(Document Number)				
Certified Copies Certificates of Status				
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05/14/18--01023--013 \*\*35.00



Way I o July

## **COVER LETTER**



TO:

Amendment Section Division of Corporations

MR MAY IL AM D 24

SUBJECT: BioAmerica Inc				
Name of Corporation				
DOCUMENT NUMBER: P04000143756				
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:				
Cristiano Carioni				
Name of Contact Person				
BioAmerica Inc				
Firm/Company				
13230 SW 132nd Ave Suite 33				
Address				
Miami FL 33186				
City/State and Zip Code				
finance@bioamerica-inc.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cristiano Carioni Name of Contact Person  at (305) 6065227 Area Code & Daytime Telephone Number				
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

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, t ion organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florida.	this ———	
1 The name of	the corporation:BioAmerica	a Inc		
2. The principal	office address: 13230 SW	132nd Ave Suite 33, Miami FL 33186		
3. The mailing a	address (if different): 1495 NE	E 33rd Ave Unit 101, Homestead FL 3	33033	
4. Date of incor	poration/qualification: 10/18/	/2004 Document number: P040001437	'56	
	d street address of the current register of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)		
	RESIGNED (TIAGO S	S DUARTE)		
6. The name and (if changed):	CRISTIANO CARION	11	MIN HAY I'S AND 24	
13230 SW 132ND AVE SUITE 33 P.O. Box NOT acceptable				
	MIAMI FL 33186			
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its register	ed agent,	
Such change was authorized by the	as authorized by resolution duly he bourd, or the corporation has	y adopted by its board of directors or by an officer so been notified in writing of the change.	)	
(a	Ja.	CRISTIANO CARIONI, CEO		
I hereby accept I further agree performance of	to comply with the provisions of Ymv duties, and I am familiar w	Printed or typed name and title agent and agree to act in this capacity, if all statutes relative to the proper and complete ith and accept the obligation of my position as regis ily to reflect a change in the registered office address notified in writing of this change.	tered s, I	
Sig	natury of Registered Agent	05/08/2018 Date		
If signing on be	chalf of an entity:			
	vped or Printed Name	_		

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