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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: BIO-CLEAR, INC. (Name of Corporation)		
DOCUMENT NUMBER: P05000012157		
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:		
Timothy 5 Greene (Name of Contact Person)		
Bio Clear Ite (Firm/Company)		
4 200 Peters Road (Address)		
Fort Landerdale FL 33317 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Timothy 5 Greeke at (954) 792-1770 (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		



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2006

TIMOTHY S. GREENE BIO-CLEAR, INC. 4200 PETERS RD. FT. LAUDERDALE, FL 33317

SUBJECT: BIO-CLEAR, INC. Ref. Number: P05000012157

We have received your document for BIO-CLEAR, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The wrong forms were submitted.

We are enclosing the proper form(s) with instructions for your convenience.

CORPORATIONS BASIC FEES

Profit and NonProfit Florida & Foreign Corp.

Filing Fees \$35.00
Registered Agent
Designation \$35.00
Certifed Copy \$8.75

Certified Copy of any record \$8.75 plus a \$1 per pageover 8 pages not to exceed \$52.50

Reinstatement
Profit corp. \$600.00
Non Profit Corps. \$175.00
Annual Report/Uniform Business Report \$61.25
plus Supplemental Fee of \$88.75 (profits only)

Articles of Correction Revocation of Dissolution Dissolution & Withdrawal Amendment of any record Certificate of Status Foreign Name Registration	\$35.00 \$35.00 \$35.00 \$35.00 \$ 8.75 \$87.50
Foreign Name Renewal	\$87.50
Merger	\$35.00 for each party
Substitute Service of process (Chapter 48)	\$8.75
Registered Agent Change	\$35.00
Registered Agent Resignations	
Active Corporations	\$87.50
Inactive Corporations	\$35.00
Resignation of Officer/Director	\$35.00
Trade & Service Marks	\$87.50 per class
Trade & Service Marks Renewals	\$87.50 per class
Trade & Service Mark Assignments	\$50.00

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) 245-6878.

Alan Crum Document Specialist

Letter Number: 206A00000197

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:	BIO-CLEAR, INC.
• • •	pany is: 4200 Peters Road, Fort Lauderdale, FL
33317	ipany is.
January 24, 2005	P05000012157
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the
Corporation Servi	ce Company
	Name
Tallahassee, FL 32	ddress 301 Tate and Zip
6. The name and address of the new registered age	ent and/or office: ALLAH ASS
Timothy S. Greene	SSE 27
	ame 🚆 🖹 📆
4200 Peters Road	
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale,	
City, Sta	te and Zip
of the members of the limited liability company of the operating agreement of the limited liability of the limited liabil	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.
(Signature of a member) or authorized representative of a member)	
Timoth J. Greans	
(Printed or typed name of signee) I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability (Signature of Registered Agent)	ent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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