

P08000044690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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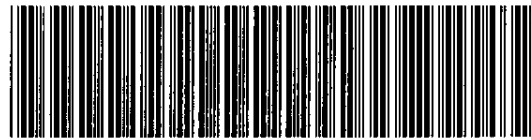
(Business Entity Name)

(Document Number)

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*R.A. Chg.*  
C.COULLIETTE

DEC 13 2011

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

Hemarus Biologicals, Inc.  
Name of Corporation

DOCUMENT NUMBER:

P08000044690

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:

Padmasree Chigurupati  
Name of Contact Person

Hemarus Biologicals, Inc.  
Firm/Company

127 West Bears Club Dr.  
Address

Jupiter, FL 33477  
City/State and Zip Code

padma@hemarus.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Padmasree Chigurupati  
Name of Contact Person

at (732) 306-4813  
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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hemarus Biologicals, Inc.
2. The principal office address: 43 Tanner Drive  
Princeton, NJ 08540
3. The mailing address (if different): PO Box 7418  
Jupiter, FL 33468
4. Date of incorporation/qualification: 5/2/2008 Document number: 708000044690
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)

NRAI Services Inc.  
515 E. Park Avenue  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tayaram Chigurupati  
127 West Bears Club Dr.  
P.O. Box NOT acceptable  
Jupiter, FL 33477

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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.

U. Padma S.  
Signature of an officer or director

Padmasree Chigurupati, 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.

U. Jh  
Signature of Registered Agent

12/8/11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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