## P10000086697

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>; #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



600239514646

aneno

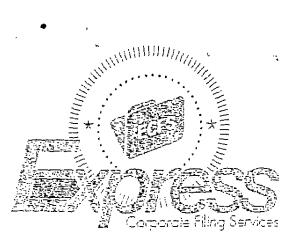
10/15/12--01006--020 \*\*240.00

SUFFICIENCY OF FILING

BEPARTMENT OF STATE VISION OF CORPORATION DID ONT 15 AN IN 1

FILED
2012 OCT 15 PM 3: 09
2012 OCT 15 PM 3: 09
ALLAHASSEE FLORIDA

10/15/12



1000 Ponce de Leon Bivd, Suite: 101 Corai Gabies, FL 33134

Phone: 305 444 4994 Email- filing@eofsfiling.com

OFFICE USE ONLY

CORPORATION NAME(5) & DOCUMENT NUMBER(5) (Classical)

: U.S. Blood B	ank systems =nc.
Ocquestin Name	P1000084697
S	
ವಿತ್ಯವರ್ಣವರು ಗಿತ್ರಗಳ: ಪ್ರ	(Societate 4)
(Compared on Name)	(Costment # )
Owelish Prickepoin	e U Certified Copy  D Photocopy U Certificate of Status
Front	ANIENDVENTS
NonFrofit Umited Bability	Resignation of R.A., Officer/ Director
Domestication	Change of Registered Agent Dissolution Withdraws
Other	Merger
Amusi Raport	PEGÍSTRATION DO LA PEGÍSTRATION DE LA PEGÍSTRATION
Name Reservation	Limited Partnership Reinstatement
· 	Trademark

## Articles of Amendment **Articles of Incorporation**

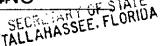
FILED

U.S. BLOOD BANK SYSTEMS, INCCT 15 PM 3: 09

Tation as currently filed with the Electrical States.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000086697



(Document Number of Corporation (if known)

nt(s) to

Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this FI	orida Profit Corporation	adopts the following amendm
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation or the designation of the designatio	" "Inc," or "Co	". A professional corpo	The new porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>			<del>-</del>
C. Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO)	<u>X</u> )		
D. If amending the registered agent and/or register	ed office addres	s in Florida, enter the na	ame of the
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida stree	address)	_
New Registered Office Address:		, Florid	a
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.		h and accept the obligation	ons of the position.
Signature of Ne	w Registered Ag	ent, if changing	_

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		,,			
X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jo	Mike Jones		
X Add	<u>sv</u>	Sally S	mith_		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	
1) Change	PST	<u>D</u>	DENNIS DE ARMAS	10740 SW 88th ST	
Add XX Remove				# L-10 MIAMI, FL 33176	
2) Change		<u>—</u>			
Add					
Remove					
3) Change				-	
Add					
Remove					
4) Change	<del></del>	<del></del>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		<del></del>			
Add					
Remove					

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	<u></u>
	<del> </del>
·	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment	(s) adoption:	5/28/12
Effective date if applicable:	8/24/12	(date of adoption is required)
•	(no more that	n 90 days after amendment file date)
Adoption of Amendment(s)	(0	CHECK ONE)
The amendment(s) was/wer by the shareholders was/we		the shareholders. The number of votes cast for the amendment(s) or approval.
		the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):
"The number of votes	cast for the am	nendment(s) was/were sufficient for approval
by		.,,
<b>5</b>	(voting group	)
The amendment(s) was/we action was not required.	re adopted by	the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by	the incorporators without shareholder action and shareholder
Dated 8/	17/12	<u> </u>
sele	cted, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
		Typed or printed name of person signing)
		DIARCTOR
	(Tit	le of person signing)