## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

11 JUN 29 PM 2:41

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Email	Address:		

REGISTERED AGENT CHANGE HEPALIFE TECHNOLOGIES, INC.

OID JUN 29 AM 8: OU Secretary of State all ahasse, et ord

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6/29/2010

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or registere	ed under the laws of the State	e of FLORIDA	
1. The name of	the corporation: HEPALIFE TECHNOI	LOGIES, INC.		
	office address: 850 THIRD AVE, SUII		Y 10022	
3. The mailing a	address (if different);			<u>.                                    </u>
4. Date of incor	poration/qualification: 10/22/1997	Document number: P976	000090722	
5. The name and Florida Depar	d street address of the current registered age rtment of State:	ent and registered office on file	e with the	
-	CORPORATE CREATIONS NETW	ORK INC.		
٠	11380 PROSPERITY FARMS ROA	D #221E		
	PALM BEACH GARDENS, FL 334	10 US	2	
6. The name and street address of the new registered a (if changed):		(if changed) and /or registered	d office PM 2: 4	er S
	Corporation Service Company		— <u> </u>	ž P
	1201 Hays Street (P.O. Box NOT acceptable)		—	en.
	Tallahassee, FL 32301			*6.5
The street addre	ess of its registered office and the street ad be identical.	dress of the business office	of its registered agent,	
	as authorized by resolution duly adopted b ne opard, of the sorporation has been notif			
_//	in My	STEVEN C. B	CFO	
I hereby accept I further agree to of my duties, and document is bein corporation has Corporatio By:	the appointment as registered agent and a to comply with the provisions of all statute of a maintain a maintain and accomply with the provisions of all statute of a maintain with and accept the obligation of the maintain and the results of the change in the results of this change. The service Company of the change of the change.	(Profiled or typed name igree to act in this capacity. is relative to the proper and thon of my position as registered office address, The (Dale)	and litle)  complete performance tered agent. Or, if this ereby confirm that the	
Car	half of an entity: rina L. Durdap Vice Provident yed or Printed Name)			

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