P990000 67168

| (Requestor's Name) |
|---|
| (Address) |
| (waitss) |
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| |
| · (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| · (Business Entity Name) |
| (Document Number) |
| (Essamont (ambs)) |
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SECRETARY OF STATE

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---------------------|
| SUBJECT: Bes Are, (ne (Name of corporation) | |
| DOCUMENT NUMBER: P9900067168 | - |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for | r filing. |
| Please return all correspondence concerning this matter to the following: | |
| Stacy 4 Postrick (Name of contact person) | |
| Bio Arc, Inc (Firm/Company) | |
| P.O. Box 183 (Address) | |
| Odessa Florida 33.007 (City/state and zip code) | . |
| For further information concerning this matter, please call: | - 1 21 1 |
| Stacy U PATRICK at (813) 222-8 (Name of contact person) (Area code & daytime tele | odd |
| Enclosed is a \$35.00 check made payable to the Department of State. | |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 | |

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

| statement of chang | ovisions of sections 60 ge is submitted for a c | orporation orga | nized under the laws | of the State of _ | Florida | - |
|---|---|---|--|---|--|--|
| in order l | to change its registere | d office or regis | tered agent, or both, i | in the State of F | lorida. | |
| 1. The name of the | corporation: 8 | o Ara, Ir | ις | | | |
| 2. The principal of | fice address: 82 | <u>o So 13a</u> | y Street | - | | |
| | Eu | stis, Flor | ida 327. | ۵6 | | |
| 3. The mailing add | lress (if different): | P.O. Bo | x 183 | - <u>-</u> | ^ | |
| | | | Florida 3 | | | |
| 4. Date of incorpo | ration/qualification: _ | 7 38 199 | Document nur | nber: 1990 | 200067148 | <u>. </u> |
| 5. The name and s Florida Departn | treet address of the curent of State: | rrent registered | agent and registered o | office on file wit | th the | |
| - | Vance, | Muny A | | | ~ | |
| _ | පිටෙ : | Sa Bay | Street | | . | |
| | | s. Florida | | , | OS SEC | - |
| | | • | | | | |
| 6. The name and s (if changed): | treet address of the ne | w registered age | ent (if changed) and /o | or registered off | IARY ASSEI | |
| _ | Miryan | Charris | Baragan | | PH 1 | |
| _ | 14919 | 3, w. 84 | Terrace | | | |
| | ` | D. Box NOT acceptable | • | | Σ. ω | |
| _ | Miami | FI | 33194 | · · · | - | |
| The street address as changed will b | s of its registered offi e identical. | ice and the stree | t address of the busin | ness office of it | s registered agen | t, |
| Such change was authorized by the | authorized by resolu board, or the corpora | tion duly adopt ation has been r | ed by its board of dir otified in writing of | ectors or by an the change. | officer so | |
| Stace (Signature | y attack | | STA-CY (Printe | PATRICK for typed name and | Director | - |
| I hereby accept the I further agree to of my duties, and document is being corporation has be | ne appointment as reg comply with the pro I am familiar with a g filed merely to refle seen notified in writi | zistered agent a visions of all sto nd accept the ob ect a change in i ng of this chang | nd agree to act in th stutes relative to the ligation of my positi he registered office o e. | is capacity. proper and con on as registere address, I herel | nplete performan d agent. Or, if th by confirm that th | ce iis ie |
| Muzau | Oliver B | nogan | 0 | (Date) | | - |
| If signing on beha | | | | (, | | |
| (Ту | ped or Printed Name) | | | | | |

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