P130000

69148

(Red	questor's Name)	
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QA SN2/20

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: My Pharmacy of Big Bend INC Name of Corporation DOCUMENT NUMBER: P13000069198			
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this mat			
Matt Gonzales			
Name of Contact Person			
My Pharmacy of Big Bend INC			
Firm/Company			
538 Wilbur St,			
Address			
Brandon FL 33511			
City/State and Zip Code			
taxprep@andreawardcpa.com			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter, please	e call:		
Matt Gonzales	at (447) 879 -4847 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa	artment of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

1 The name of	der to change its registered office or registered ages f the corporation: My Pharmacy of Big Bend INC	n, or both, the the	sidie of Florida.		
2. The principa	al office address: 538 Wilbur St, Brandon, FL 3351	1			
3. The mailing	address (if different): 538 Wilbur St, Brandon, FL	33511			-
4. Date of inco		cument number:	P13000069198		<u>-</u>
5. The name ar Florida Depa	nd street address of the current registered agent and artment of State: (If resigned, enter resigned)				
	NGUYEN, TIN H				
	16320 BRIDGELAWN AVE				
	LITHIA, FL 33547				
6. The name ar (if changed):		nged) and /or regi	stered office	2020 APR 2	10 8 615131111 71.38 73.
	Matt Gonzales			9	33;= < <
	P.O. Box NOT accep	1.		PH L	
	Brandon FL 33511	(ZDIC		94:	
_	ress of its registered office and the street address of the identical.				,
authorized by	vas authorized by resolution duly adopted by its be the board, or the corporation has been notified in	writing of the cha	ange.	,	
Signal	Matt G	onzales			
I hereby accep I further agree of my duties, a document is be	I the appointment as registered agent and agree to to comply with the provisions of all statutes related to a familiar with and accept the obligation of the interest of the register in the r	Printed or typed o act in this capa ive to the proper my position as r red office addres.		formance Or, if this n that the	e S
	In the second	1-9-202	-0		
19011	gnature of Registered Agent				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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