oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 09/27/2023 MGRM

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

SIGNATURE: ASHISHKUMAR K SMART

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	SMART, ASHISHKUMAR K	Name	SMART, DIPTI
Address	320 ANCONA AVE	Address	320 ANCONA AVENUE
City-State-Zip:	DEBARY FL 32713	City-State-Zip:	DEBARY FL 32713
		T '4.	MOD
Title	MGR	Title	MGR
Name	RAMESH, NIMMALA	Name	KAVYA, NIMMALA
Address	13137 ALDERLEY DRIVE	Address	13137 ALDERLEY DRIVE
City-State-Zip:	ORLANDO FL 32832	City-State-Zip:	ORLANDO FL 32832

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Entity Name: LEGACY PHARMACY OC LLC **Current Principal Place of Business:**

921 TOWN CENTER DRIVE SUITE 100 ORANGE CITY, FL 32763

Current Mailing Address:

921 TOWN CENTER DRIVE SUITE 100 ORANGE CITY, FL 32763 US

FEI Number: 46-2172325

Name and Address of Current Registered Agent:

SMART, ASHISHKUMAR K 320 ANCONA AVE DEBARY, FL 32713 US

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT	
DOCUMENT# L13000033012	Sep

FILED Sep 27, 2023 Secretary of State 9675439792CC

Certificate of Status Desired: No

Date