

492160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

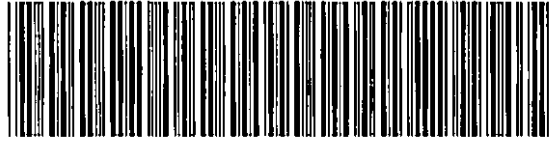
(Business Entity Name)

(Document Number)

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Registered Agent address change

Name of Corporation

DOCUMENT NUMBER: 492160

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fred A. Kinnard

Name of Contact Person

Kinnards Pharmacy, Inc.

Firm/Company

2808 WEST Old Murphy Road

Address

Franklin NC 28734-8378

City/State and Zip Code

fkinnard2@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred A. Kinnard

Name of Contact Person

at (828) 369-7452

Area Code & Daytime Telephone Number

Pitt

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2018

FRED A KINNARD
2808 W OLD MURPHY RD
FRANKLIN, NC 28734-8378

SUBJECT: KINNARD PHARMACY, INCORPORATED
Ref. Number: 492160

We have received your document for KINNARD PHARMACY, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 218A00023420

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kinnards Pharmacy, Incorporated
2. The principal office address: 2808 WEST Old Murphy Road, Franklin NC 28734-8378
(The Postal Service requires that "west" be spelled out.)
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1975 Document number: 492160

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Judd, Ulrich, Scarlett, Wickman & Dean, PA
2940 South Tamiami Trail
Sarasota FL 34239

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ulrich, Scarlett, Wickman & Dean, PA
713 Orange Avenue SOUTH
P.O. Box NOT acceptable
Sarasota FL 34236

2018 NOV 26 PM 1:13

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Fred A. Kinnard President Fred A. Kinnard, president
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

11/20/18
Date

If signing on behalf of an entity:

Donald W. Scarlett, Jr.
Typed or Printed Name

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