

B1600000000/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

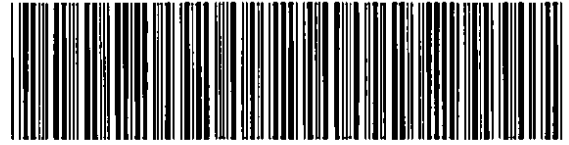
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2022 MAR -8 PM 3:31

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 531464 7608874

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : March 7, 2022

ORDER TIME : 1:48 PM

ORDER NO. : 531464-029

CUSTOMER NO: 7608874

CHANGE OF AGENT

NAME: RECEIPT PHARMACY, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RECEPT PHARMACY, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/15/2016 3. B16000000013
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DENARDO, CARMINE
Name

210 BAYVIEW AVE
Address

NAPLES, FL 34108
City, State and Zip

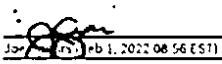
5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name

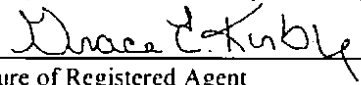
1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

 Joseph Spears, Authorized Person, on behalf of ReCept
Signature of General Partner Group Inc, Manager, on behalf of ReCept One, LLC,
General Partner

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 obligations of my position as registered agent.

 Grace E. Kirby, Asst. Vice President
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50