

F110000001659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

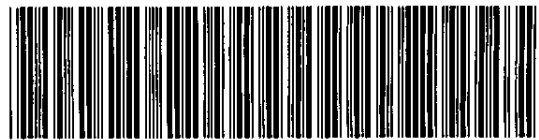
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 30 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 AUG 30 PM 2:18
GENERAL REGISTER

R A / R O / C H 8

AUG 31 2017
I ALBRITTON

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

ACCOUNT NO. : I20000000195
REFERENCE : 790035 5055433
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : August 30, 2017
ORDER TIME : 1:06 PM
ORDER NO. : 790035-015
CUSTOMER NO: 5055433

CHANGE OF AGENT

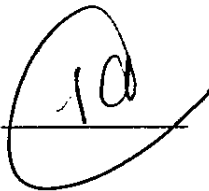
NAME: SORKIN'S RX LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sorkin's RX LTD., INC.
Name of Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Scott Dilley
Name of Contact Person
PharMerica Corporation
Firm/Company
1901 Campus Place
Address
Louisville/Kentucky 40299
City/State and Zip Code
scott.dilley@pharmerica.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Dilley at (502 627-7317)
Name of Contact Person Area Code & Daytime Telephone Number

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

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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SORKIN'S RX LTD., INC.
- 2. The principal office address: 1901 Campus Place, Louisville, KY 40299
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 04/18/2011 Document number: F11000001659
- 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)

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
Plantation FL 33324

2019 AUG 30 AM 11:19
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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee FL 32301

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.



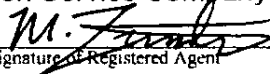
Signature of an officer or director

Paul Jardina

Printed or typed name and title

President

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.

Corporation Service Company
 By: 

Signature of Registered Agent

8/30/17

Date

If signing on behalf of an entity:
Melissa Zender

Typed or Printed Name
 Asst. Vice President

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314