F130000004949

(Requestor's Name)				
	(Address)				
	(Address)				
((City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	<u> </u>				





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09/19/18--01013--020 ++35.00

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Plary



CSC ~ WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 17, 2018

Order#: 384904-002

Re: ADVANCED RX MANAGEMENT, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	e provisions of sections 607.05 nange is submitted for a corpor ler to change its registered offi	ration organized under the la	aws of the State of	CA
1. The name of	the corporation: ADVANCED	RX MANAGEMENT, INC.		
2. The principa	al office address: INO RAMON #240, SAN RAM			
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 11/14	/2013 Document	number: F130000	004949
	nd street address of the current artment of State: (If resigned, e	2	red office on file wi	ith the
	KYLE S. NAGY, LRT, ROT	ī		
	5944 107TH TERRACE NORTH			
	PINELLAS PARK	FL	33782	SEP -
6. The name an (if changed):	I street address of the new registered agent (if changed) and /or registered office Corporation Service Company			SEP 19 AH & LA
	1201 Hays Street		·	
		P.O. Box. NOT acceptable		
	Tallahassee	FL	32301	
The street addr	ress of its registered office and le identical.	d the street address of the bi	usiness office of its	s registered agent,
Such change wanthorized by t	as authorized by resolution d the board, or the corporation b	uly adopted by its board of a	directors or by an o	officer so
Jill Cilmi,		Jill Cilmi, Vice	e President	
Signat	ture of an officer or director	Print	ted or typed name and till	č ·
I further agree performance of agent. Or, if the hereby confirm Corporation	of the appointment as registere to comply with the provision f my duties, and I am familian his document is being filed me n that the corporation has bee on Service Company	s of all statutes relative to the with and accept the obligate with and reflect a change in the notified in writing of this	he proper and com tion of my position he registered offic	plete as registered e address, I
By: 15	OCA CEKUDI gnature of Registered Agent	09/13/2018	D :	
			Date	
II signing on b	ehalf of an entity:			
	/, Assistant Vice President			
	Typed or Printed Name			

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