

FI4 000000820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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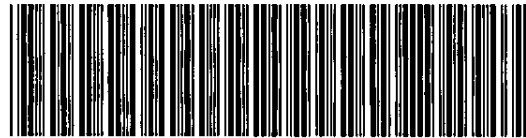
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

Ra Chang

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARX, Accurate RX Specialty Pharmacy Corp.
Name of Corporation

DOCUMENT NUMBER: F14000000820

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:

Shawnassey Howell Brooks

Name of Contact Person

Frascogna Courtney, PLLC

Firm/Company

P O Box 850191

Address

Mobile, AL

City/State and Zip Code

shawnasseybrooks@gmail.com

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

For further information concerning this matter, please call:

Shawnassey Brooks

Name of Contact Person

at 251 272-3964

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of the corporation: ARX, Accurate RX Specialty Pharmacy Corp.
2. The principal office address: 1510 Penman Road
Jacksonville, FL 32250
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 2/21/14 Document number: F14000000820

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)

Perry Van Keulen

9433 Coxwell Estates Court

Jacksonville, FL 32221

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

Judy Lynn Wood

1510 Penman Road

P.O. Box NOT acceptable

Jacksonville Beach, FL 32250

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.

Judy Lynn Wood
Signature of an officer or director

Judy Lynn Wood, President

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.

Judy Lynn Wood
Signature of Registered Agent

8/19/14

Date

If signing on behalf of an entity:

Judy Lynn Wood
Typed or Printed Name

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

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

CR2E045 (03/12)

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