

F14 000001474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

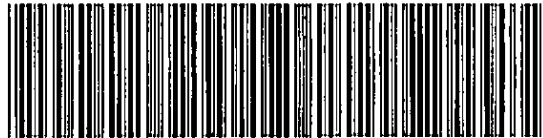
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SECRETARY OF REVENUE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRXADE HEALTH, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F14000001474

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:

PRASHANT PATEL

Name of Contact Person

TRXADE HEALTH, INC.

Firm/Company

P.O. Box 1186

Address

Land O Lakes, FL 34639

City/State and Zip Code

financeteam@trxade.com

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

For further information concerning this matter, please call:

SUREN AJJARAPU

Name of Contact Person

at (800) 805-8705

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: TRXADE HEALTH, INC.
2. The principal office address: 2420 Brunello Trace  
Lutz, FL 33558
3. The mailing address (if different): P.O. Box 1186 Land O Lakes, FL 34639
4. Date of incorporation/qualification: 04/02/2014 Document number: F14000001474
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)

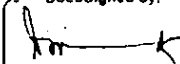
AJJARAPU, SUREN3840 Land O Lakes Blvd.LAND O Lakes, FL 34639

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

AJJARAPU, SUREN2420 Brunello TraceP.O. Box NOT acceptableLutz, FL 33558

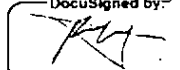
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

DocuSigned by:  
  
Signature of officer or director

Suren Ajjarapu CEO  
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.*

DocuSigned by:  
  
Signature of Registered Agent

1/11/2022

Date

If signing on behalf of an entity:

Prashant Patel

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

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 TALLAHASSEE, FL