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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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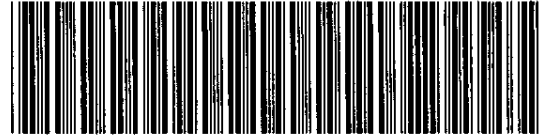
(Business Entity Name)

(Document Number)

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2/6 am

Account#: I20000000088

Date: 02/02/2017

Name: Marisa Kugelman

Reference #: C018167

ENTITY NAME: SUPERIOR PHARMACY SOLUTIONS, INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

Authorized Amount: \$35.00

Signature: 

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

1. The name of the corporation: SUPERIOR PHARMACY SOLUTIONS, INC.
2. The principal office address: 501 ELMWOOD AVENUE SHARON HILL PA 19079
3. The mailing address (if different): 501 ELMWOOD AVENUE SHARON HILL PA 19079
4. Date of incorporation/qualification: March 30, 2016 Document number: F16000001498
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)


MUNROE, W. BRADLEY, ESQUIRE
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301

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

National Corporate Research, Ltd., Inc.
115 North Calhoun St., Suite 4
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

Mark Kovinsky, 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.



Signature of Registered Agent

Feb. 2, 2017

Date

If signing on behalf of an entity:

Sean Honan, Assistant Secretary

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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