

F18000000811

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE

AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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J ALBRITTON

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC. (ASHP)
Name of Corporation

DOCUMENT NUMBER: F18000000811

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:

JEROME
Name of Contact Person

Firm/Company
784 S. CLEARWATER LOOP
Address

POST FALLS, ID 83854
City/State and Zip Code

filings@northwestregisteredagent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROME at (509) 768-2249
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
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 MARYLAND in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC. (ASHP)
2. The principal office address: 4500 EAST-WEST HIGHWAY, SUITE 900
BETHESDA, MD 20814
3. The mailing address (if different): 4500 EAST-WEST HIGHWAY, SUITE 900, BETHESDA, MD 20814
4. Date of incorporation/qualification: 02/14/2018 Document number: F18000000811
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)

INCRP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

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

NORTHWEST REGISTERED AGENT, LLC

7901 4TH ST. N STE 300

P.O. Box NOT acceptable

ST. PETERSBURG, FL 33702

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.

Thomas J. Johnson
Signature of an officer or director

Thomas J. Johnson / President, Director

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.

Tom Glover
Signature of Registered Agent

02/25/2022

Date

If signing on behalf of an entity:

Tom Glover / Manager

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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