

G04434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

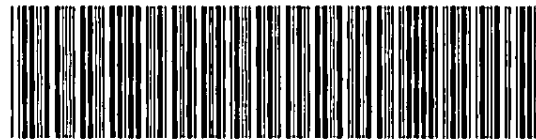
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600355844026

12/18/20--01012--004 **720.00

8/11

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH BEACHES PHARMACY, INC.
Name of Corporation

DOCUMENT NUMBER: G04434

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:

JB ROTH, ESQ.

Name of Contact Person

ROTH LAW FIRM PL

Firm/Company

450 STATE ROAD 13 NORTH, SUITE 106-134

Address

SAINT JOHNS, FL 32259

City/State and Zip Code

JB@ROTHFIRM.NET

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

For further information concerning this matter, please call:

JB ROTH

Name of Contact Person

at (904)

595-7900

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: NORTH BEACHES PHARMACY, INC.
2. The principal office address: 730 BEACH BLVD., SUITE 104
JACKSONVILLE, FL 32250
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/28/1991 Document number: G04434
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)
ROTH LAW FIRM PL
6100 GREENLAND ROAD, SUITE 604
JACKSONVILLE, FL 32258
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROTH LAW FIRM PL
12724 GRAN BAY PARKWAY WEST, SUITE 410
JACKSONVILLE, FL 32258
P.O. Box NOT acceptable

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 L. 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.

[Signature]
Signature of Registered Agent

12/9/2020

Date

If signing on behalf of an entity:

JEAN B. ROTH

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 (04/13)