

LO2000008816

**Med Direct
Pharmaceuticals**
1604 Crystal Lake Drive • Lakeland, Florida 33801

6/3

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LO2-8816 R/A change
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of State

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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-06/03/02--01064--003
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MJH

FILED
02 JUN -3 PM 3:33
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Med-Direct Pharmaceuticals LLC
2. The mailing address of the limited liability company is : 11604 Crystal Lake Drive,
Lakeland, FL 33801

3. Date of filing/registration in Florida 4-12-2002
4. Document number LD 20000008816

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Robert Huffstickler Jr.
Name
2920 Willow Ave.
Address
Lakeland, FL 33803
City, State and Zip

6. The name and address of the new registered agent and/or office:

Carrie A. Huffstickler
Name
2920 Willow Ave.
Florida street address (P.O. Box NOT acceptable)
Lakeland FL 33803
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Veronica Derrwachter
(Signature of a member or authorized representative of a member)

Veronica Derrwachter
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Carrie A. Huffstickler
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
02 JUN - 2002
TALLAHASSEE
FLORIDA
SECRETARY OF STATE