

W030000014102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

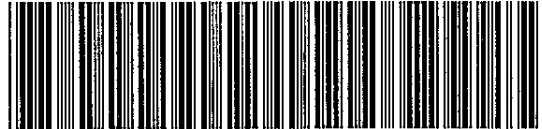
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/3 R/A change

W03-14102

Office Use Only



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12/03/03--01051--005 *\$25.00

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03 DEC -3 PM 1:57
TALLAHASSEE, FLORIDA

FILED

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Altamonte Springs
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260 Maitland Avenue, Suite 1500, Altamonte Springs, FL 32701

November 6, 2003

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Re: Canadian RX-USA, LLC.

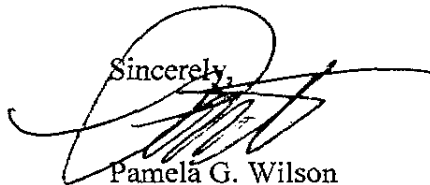
Dear Sir:

Enclosed are the original and a duplicate copy of the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Please provide us with a stamped copy of the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and return it to the undersigned.

Additionally, a check is enclosed for the total amount of \$25.00 to cover the filing fee.

Sincerely,



Pamela G. Wilson
Legal Assistant to
Frederic Stanley, Jr.

PGW/pc/enc.

**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: Canadian RX-USA, LLC
2. The mailing address of the limited liability company is : 931 B Wekiva Springs Road,
Longwood, FL 32779

04/21/2003

L03000014102

3. Date of filing/registration in Florida

4. Document number

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

Charles R. Atwater

Name

931 B Wekiva Springs Road

Address

Longwood, FL 32779

City, State and Zip

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

Frederic Stanley, Jr.

Name

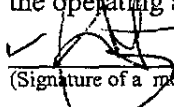
260 Maitland Avenue, Suite 1500

Florida street address (P.O. Box NOT acceptable)

Altamonte Springs FL 32701

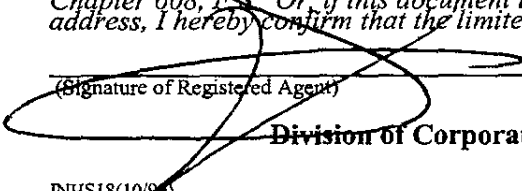
City, State and Zip

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.


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

David Pizzuto 11/7/03
(Printed or typed name of signee)

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.


(Signature of Registered Agent)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA