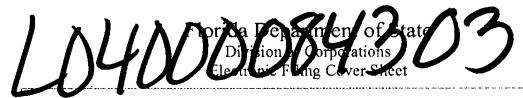
6/7/2016 9:34:40 AM From: To: 8506176383( 1/3 )



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000138739 3)))



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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA000000023
Phone: (850)205-8842 : (850)878-5368 Fax Number

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

Email Address:

## LLC REGISTERED AGENT CHANGE PRESCRIPTION PARTNERS LLC

Certificate of Status	0
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## **COVER LETTER**

Division of Corporations		
PRESCRIPTION PARTNERS LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Tammy Tofteroo		
Name of Person	ان الله الله الله الله الله الله الله ال	53
C T Corporation System	Elici And And Barth	
Firm/Company		
3 Winners Circle, Suite 301		σ
Address		ب <b>ب</b> س
Albany, NY 12205	<b>&gt;</b>	
City/State and Zip Code		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se call:	
Tammy Tofteroo	844 477-4098	
Name of Person	Area Code & Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

6/7/2016 9:34:40 AM From: To: 8506176383( 3/3 )

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

ı. Na	ame of the limited liability company:  PRESCRIPTION	N PARTNERS	SLLC
2. (a)		(b)	
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2901 S.W. 149 AVENUE, SUITE 400	2	901 S.W. 149 AVENUE, SUITE 400
	MIRAMAR, FL 33027		MIRAMAR, FL 33027
	11/19/2004	L04	4000084303
	Date of filing/registration in Florida	4.	Document number
. (a)			
. (/	Registered Agent and Registered Office shown on the records of	the Florida De	pt, of State:
	MATZA, ROCHELLE S		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	2901 S.W. 149 AVENUE, SUITE 400		AND SERVICE AND
	MIRAMAR , FI	33027	JUN -1 P AHASSEE, FI
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	
	C T Corporation System		ν –
	NEW Registered Office Address:		<del></del>
	1200 South Pinc Island Road		
	Plantation	33324	
he changent was/whe art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the Tammy Tofteroo autre of a member or authorized representative of a member with accept the appointment as registered agent and agains of all statutes relative to the proper and complete	f the register iability comp of the limited e limited liab  Tamm	ed office and the business office of the regist pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided ility company.  y Tofteroo  Printed or typed name of signee  this capacity. I further agree to comply with
notifie		iberly Steinn	re of my alutes, and I am familiar with tha dispeter 605, F.S. Or, if this document is being irm that the limited liability company has being notz  nd Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00