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-	(Requestor's Name)						
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	(Business Entity Name)						
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions	s to Filing Officer:						
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

JUL 1 3 2015

8 MASON

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Matrix Pharmacy, LLC							
Name of Lir	nited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	r to the following:						
Ann Pointer							
Name of Person							
Matrix Healthcare Services, Inc.							
Firm/Company							
3111 W Dr Martin Luther King Jr Blvd							
Address							
Tampa, FL 33607							
City/State and Zip Code							
E-mail address: (to be used for future annual repo	ort notification)						
For further information concerning this matter, please							
To further information concerning this matter, preases	2011.						
at (
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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

rioriae	4.							
1. Na	ame of the limited liability company: Matrix Pha	ırmacy, L	LC					
2. (a)	3111 W Dr Martin Luther King Jr Blvd	((b) 3111 W Dr Martin Luther King Jr Blvd Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 800					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)							
-	Suite 800							
	Tampa, FL 33607		Tampa,	FL 336	07			
	7/12/2005		L050000	68724				
3.	Date of filing/registration in Florida			Docume	nt numbe	r		
5. (a)	Thomas W. Cardy							
J. (a)	Registered Agent and Registered Office shown on the records	s of the Flori	da Dept. of Star	- te:				
	5706 Benjamin Center Drive							
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>55)</u>					
	Suite 103							
	Tampa	, _{FL} 3363	4	_	43			
(b)	Thomas W. Cardy				WITA ROBS	2015 J	capping.	
(0)	Enter name of NEW Registered Agent and/or NEW Register	ered Office a	ddress:	_	3.7		discontinue propositioner	
	3111 W Dr Martin Luther King Jr Blvd			_	SEC.F	5 7		
	NEW Registered Office Address:				10.1. ALS		U	
	Suite 800				OF STATE FLORIDA	÷ 02		
	Tampa	, _{FL} _3360	7	· . ·				
the cha agent v was/wa	imited liability company is not organized under the ringe or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the reg d liability (ers of the li	gistered offic company, it mited liabili	e and the is hereby ty compai	business confirme	office d that t	of the registere he change(s)	
	Clar	Aı	rtemis Ems					
Signa	ture of a member or authorized representative of a member			Printed o	r typed nan	ne of sig	nee	
I here	by accept the appointment as registered agent and	agree to a	ct in this cap	pacity. If	urther ag	ree to	comply with the	

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 605, F.S. Or, if this document is being filed to merely reflect a chapte in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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