

L080U00 20660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

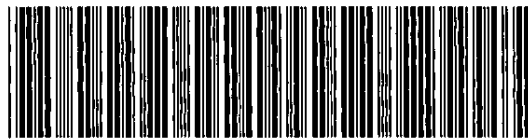
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300134061003

08/12/08--01005--025 **25.00

RECEIVED
08 AUG 12 PM 12:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

AUG 12 2008

EXAMINER

FILED
08 AUG 12 PM 4:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

WALK IN / PICK UP REQUEST

B&B
Butterfield & Butterfield Corporate Services, LLC
2603 Rippee Road
Tallahassee, FL 32303
850-329-7805

TARGET ENTITY(IES)

One Stop Pharmacy Creations
LLC

DOCUMENT NUMBER

608000020660

CERTIFICATION

Certificate of Good Standing _____
Certified Copy (Arts/Amend) _____
Other _____
Description _____

FILINGS

Articles of Incorporation _____
Articles of Organization _____
Cert. of Limited Partnership _____
Annual Report _____
Reinstatement _____
Dissolution / Withdrawal _____
Amendment _____
Fictitious Name _____
Other Filing Type X _____
Description COA _____

APOSTILLE

Apostille / Notarial Certificate _____
Country _____
Number of Documents _____

SPECIAL REQUEST

Please call me at the above
number when request is
ready for pick up.

THANK YOU!!

Jeffrey

FILED
08 AUG 12 PM 4:15
TALLAHASSEE, FLORIDA

TIME: _____
DATE: _____

**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: One Stop Pharmacy Creations, LLC

2. The mailing address of the limited liability company is : _____

3193 Tech Drive, Suite B, St. Petersburg, FL 33716

02/25/2008

L08000020660

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:

Russell C. Coit

Name

1853 Pink Guara Court

Address

Trinity, FL 34655

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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.

Russell C. Coit
(Signature of a member or authorized representative of a member)

Russell C. Coit, Member

(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.

Victor Alfano
(Signature of Registered Agent)

Victor Alfano, Vice President

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

FILING FEE: \$25.00

FILED
08 AUG 12 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA