

NOV 10 2021 WED 01:10 PM

FAX NO.

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Division of Corporations

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**LO9000121825**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383.

From:

Account Name : BERGER SINGERMAN LLP, FT. LAUDERDALE  
Account Number : 120020000154  
Phone : (954) 525-9900  
Fax Number : (954) 523-2972

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
SMP PHARMACY SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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S. PRATHER

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

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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.

1. Name of the limited liability company: SMP PHARMACY SOLUTIONS, LLC

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)(Note: MAY BE POST OFFICE BOX)7500 NW 26TH STREET, SUITE 1017500 NW 26TH STREET, SUITE 101MIAMI, FL 33122MIAMI, FL 33122December 23, 2009L09000121825

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

BRIAN BRITORegistered Office Address (MUST BE FLORIDA STREET ADDRESS)7500 NW 26TH STREET, SUITE 101MIAMI, FL 33122

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

JOSEPH SINICROPOLINEW Registered Office Address:7500 NW 26TH STREET, SUITE 101MIAMI, FL 33122

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

Zubeen ShroffPrinted 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 605, 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 Joseph Sinicropoli

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

FILING FEE: \$25.00

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