

7/28/2014 18:35:47 From: To: 8506176383

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

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14 JUL 28 AM 9:20

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14 JUL 28 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
WELLNESS RX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS

JUL 29 2014

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellness Rx, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Papaleo

Name of Person

Pepper Hamilton LLP

Firm/Company

3000 Two Logan Square

Address

Philadelphia, PA 19103

City/State and Zip Code

papaleoh@pepperlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Papaleo

Name of Person

215

981-4787

Area Code & Daytime Telephone 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 6127
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

TNHS18 (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.

1. Name of the limited liability company: Wellness Rx, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7640 NW 25th Street, Suite 105
Miami, FL 33122
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
7640 NW 25th Street, Suite 105
Miami, FL 33122
3. August 1, 2011
Date of filing/registration in Florida
4. LI0000087593
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7640 NW 25th Street, Suite 105

Miami, FL 33122

- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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

Greg Nakagawa

Printed 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.

C T Corporation System

Signature of Registered Agent

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

FNHS18 (2/14)

FD-015 - 03/04/2014 Version 1.0 (New Order)

14 JUL 28 AM 9:21
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS