

L12000026887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

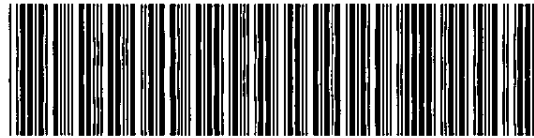
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500264877495

10/31/14--01026--006 **25.00

RECEIVED
14 OCT 31 PM 1:14
DIVISION OF CORPORATIONS

FILED
14 OCT 31 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

@RM
10/31/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WCRx Pharmacy 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:

JOY INWANG

Name of Person

WCRx PHARMACY LLC

Firm/Company

100 SALEM CT

Address

TALLAHASSEE FL 32301

City/State and Zip Code

Einwang@werxpharmacy.com

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

For further information concerning this matter, please call:

JOY INWANG

Name of Person

at (850) 222 1963

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 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
14 OCT 31 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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: WCRx PHARMACY LLC

2. (a) 100 SALEM CT Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

TALLAHASSEE FL
32301

(b) 100 SALEM CT Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

TALLAHASSEE FL
32301

3. 02/24/12 Date of filing/registration in Florida

4. L12000026887 Document number

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

100 SALEM CT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

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

100 SALEM CT
NEW Registered Office Address:

TALLAHASSEE FL

32301 TALLAHASSEE FL 32301

FILED
14 OCT 31 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

JOY INWANG
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 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.

Terrence Calvary
Signature of Registered Agent