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J. LEGGETT MAR 2 3 2018

COVER LETTER

	egistration Section vision of Corporations			
SUBJECT	RXMARK, LLC			
•	Name of Limited Liability Company			
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.	
Please retu	arn all correspondence concerning th	is matter to	he following:	
Michael	L. Morgan, Esquire			
	Name of Person			
Michael	L. Morgan Law Group, P. A.			
	Firm/Company	•		
2364 Fru	uitville Road			
	Address			
Sarasota	a, FL 34237			
	City/State and Zip Code			
	IMMANCINIEME.C			
E-ma	ail address: (to be used for future and	nual report n	otification)	
For further	r information concerning this matter.	, please call:		
Michael	L. Morgan	941 at (953-4555	
	Name of Person		Area Code & Daytime Telephone Number	
Re Di Cl 26	egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
E	nclosed is a check for the following	g 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

I. Na	ame of the limited liability company: RXMARK, LL	.C	
2. (a)	1050 Bahia Vista Court	(b) 1050 E	Bahia Vista Court
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota, FL 34232	Saraso	ta. FL 34232
	10/31/2012	L120001	138411
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Mark Schlanger		
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	ate:
	323 Londonderry Drive		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_
•			
	Sarasota	FL 34240	
	, rı		_
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	— — — — — — — — — — — — — — — — — — —
	Dhil Manaini		.^.
	Phil Mancini		
	NEW Registered Office Address:		55 57
	1050 Bahia Vista Court		
	Sarasota , FI	34232	
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered offi iability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signa	adare of a member or authorized representative of a member	-	Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to act in this ca e performance of med for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accep 05. F.S. Or, if this document is being filea at the limited liability company has been
Signatu	ire of Registered Agent		