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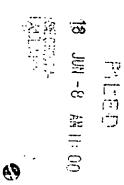
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	<b>□</b> 14/41∓	MAIL		
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(Business Entity Name)				
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Certified Copies	_ Certificates	of Status		
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations					
Alpha-Omega 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 ma	atter to the following:				
Tom Pratt					
Name of Person					
Medvest					
Firm/Company					
8222 118th Avenue, North					
Address					
Largo, Florida 33773					
City/State and Zip Code	<del></del>				
tpratt@medvestrx.com					
E-mail address: (to be used for future annual r	eport notification)				
For further information concerning this matter, plea	se call:				
Tom Pratt	727 350 1093				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amo	unt:				
S \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
\$ (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. N	ame of the limited liability company: Alpha-Omega	a Phar	macy, LL(	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	9103 Raes Creek Place		4625 E	ast Bay Drive, Suite 313
	Palmetto, Florida 34221	_	Clearwa	ater, Florida 33764
	11/02/2012		L120001	44694
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
v. (u)	Registered Agent and Registered Office shown on the records of t	he Floric	la Dept. of Sta	ete:
	Bryan Holmes		•	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	(S)	
	9103 Raes Creek Place			a 17
	Palmetto	34221	<del>= 111</del>	# -8 # H 00
	, , , ,	-,		
(b)	Enter name of NEW Registered Agent and/or NEW Registered			8
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	
	Bryan Holmes			VO
	NEW Registered Office Address:		·	_
	4625 East Bay Drive, Suite 3131			_
	Clearwater , FL	33764		
Signate  I hereb provisic the obli to mere	mited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liarce authorized by an affirmative vote of the members of the office of a member of authorized representative of a member of a memb	the regi	stered office ompany, it in the liability cor	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in a pany.  Printed or typed name of signee
वाद्यावस्था	e of Registered Agent			

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