L12000150360

(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



700397353147

2022 NOV 10 PH 1:01

COVER LETTER

INHS18 (2/14)

	egistration Section ivision of Corporations				
SUBJEC	Solera Specialty Pharmacy, LLC				
		Name of Limited	Liability Company		
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.		
Please reti	urn all correspondence concerning	this matter to th	ne following:		
Scott Heil;	oern				
	Name of Person				
Solera Spe	cialty Pharmacy, LLC				
	Firm/Company				
2100 Park	Central Blvd N #300				
	Address				
Pompano I	Beach, FL 33064				
	City/State and Zip Cod	e			
Accounting	g@solerarx.com				
E-ma	ail address: (to be used for future	annual report no	tification)		
For furthe	r information concerning this mat	ter, please call:			
Scott Heilp	oern .	954 at (615-1840		
	Name of Person	(<u></u>	Area Code & Daytime Telephone Number		
Ro D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Eı	nclosed is a check for the following	ing amount:			
	\$25 Filing Fee	ū	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the State of

1. N	ime of the limited liability company: Solera Specialty	Pharma	acy.	LLC	
2. (a)	Solera Specialty Pharmacy, LLC		(b)	Solera Spe	cialty Pharmacy, LLC
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	(0)		Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO.
	2100 Park Central Blvd N #300			2100 Park	Central Blvd N #300
	Pompano Beach, Fl. 33064			Pompano E	Beach, FL 33064
	11/30/2012		I	L120001503	60
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	Saraniti Nicholas				
(a)	Registered Agent and Registered Office shown on the records o	f the Flo	rida l	Dept. of State	· :
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				201
	2100 Park Central Blvd N STE 300				همين مهيد مهيد مهيد
	Pompano Beach	L 3306-	4		
(b)	Scott Heilpern				MINEN TO PM 1: 01
(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	add	ress:	I STA
					FH -
	NEW Registered Office Address:				
	2100 Park Central Blvd N STE 300				
	Pompano Beach Fl	33064 L	4		
change agent was/we the arti Signa I here provisi the oblito mere	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the large of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete inguitions of my position as registered agent as provided by reflect a change in the registered office address. It in writing of this change	e regist iability of the l e limite —	tered con limited lia	Hoffice and appany, it is sed liability compability compability compability compability capa	the business office of the registere hereby confirmed that the change(: company or as otherwise provided pany. Printed or typed name of signce city. I further agree to comply with

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