# 113000009641

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SECRETARY OF STATE
ANALYSIS F. FLORID

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#### **COVER LETTER**

SUBJECT: THE PX OPERATIONS 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:		
MICHAEL SILDERMAN Name of Person	**************************************	20
THE PX OPERATIONS WC Firm/Company		28119 SEP-9 F
700 W HILLS BORD BLVD STE 3-207 Address	FLERIBE	竹油
DEERPIELD BEACH PL 33441 City/State and Zip Code		
MSILBERMAN @ THE RX HELPER. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
	-	

### 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

TO:

Registration Section
Division of Corporations

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the State of Florida.				
1. Name of the limited liability company: THE RX	OPERATIONS CLC			
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	DEER FIELD BEACH, FL 33441			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	700 N. HILLS BORD BLYD STE 3-20. DEERFIELD BEACH, FL 33441			
1/18/13	41300000 9641			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	MICHAER SILBERMAN			
Registered Office Address:	BOCA RATON, PL			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address				
NEW Registered Agent:	MICHAEL SILBERNAN F			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	700 W. HILLSBORD BLUD STE 3-207 REPRESED BEACH FL 33441			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office			
MICHAEL SILBERMAN Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pr and I am familiar with and accept the obligations of my pe Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	ngree to act in this capacity. I further agree to oper and complete performance of my duties, within as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.			

Signature of Registered Agent