

L1400003941

Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations
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Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
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LLC REGISTERED AGENT CHANGE BERMUDA PHARMACY #1, PLLC

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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: BERMUDA PHARMACY #1, PLLC

2. (a) 393 PALM DRIVE Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

ISLAMORADA, FL 33036

(b) 393 PALM DRIVE Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

ISLAMORADA, FL 33036

06/30/2014

3. Date of filing/registration in Florida

L14000103941

4. Document number

5. (a) CATARINEAU, JOE A, ESQ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

91750 OVERSEAS HIGHWAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAVERNIER, FL 33070

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address

7901 4th St N

NEW Registered Office Address.

STE 300

St. Petersburg, FL 33702

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.

Riley Park
Signature of a member or authorized representative of a member

Riley Park
Printed or typed name of signer

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.

Bill Havre - Assistant Secretary
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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