L150000 11691

(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Code d Code							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
opeolar monactions to rining officer.							
·							
,							

Office Use Only



400288382624

08/01/16--01018--013 **25.00

TALLAHASSEE, FLORIDA

AUG 0 2 2016

S. YOUNG

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations	,				
SUBJE	MEDRX SOLUTIONS, LLC					
	Name o	f Limited	Liability Company			
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning this n	natter to tl	ne following:			
Merril	ee Jobes					
	Name of Person					
JOBE	S LAW FIRM, LLC					
	Firm/Company	-				
3107	W. Hallandale Beach Blvd., Suite 14	4				
	Address		- 			
Pemb	roke Park, FL 33009					
	City/State and Zip Code					
mjobe	es@jobeslaw.com					
Е	-mail address: (to be used for future annual	report no	tification)			
For fur	ther information concerning this matter, ple	ease call:				
Merrile	ee Jobes	954 at (613-0595			
	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 amount:						
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			

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.	Na	me of the limited liability company: MEDRX SOI	LUTIO	NS, LLC				
2.		3350 NW 53rd St., Suite 102		(b) 3305 N	W 53rd St., Suite 102			
۷. ا	(B) .	Principal office address of limited liability company:	· · · · · · · · · · · · · · · · · · ·	(~)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		(Nate: MUST BE STREET ADDRESS)		Mark Lau	· · · · · · · · · · · · · · · · · · ·			
		Fort Lauderdale, FL 33309		POR LAI	uderdale, FL 33309			
		1/20/2015		L150000	11691			
3.		Date of filing/registration in Florida	4,		Document number			
5	(a)	Merrilee A. Jobes, Esq.						
J.	(a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Sta	te:			
		3127 W. Hallandale Beach Blvd., Suite 101			5			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 906 -			
		Pembroke Park , F	3300!	9	16 AUG-1 AM 10: 00			
		Jobes Law Firm, LLC			io: 0			
	(b)	Enter name of NEW Registered Agent and/or NEW Registers	d Office t	iddress:				
		3107 W. Hallandale Beach Blvd., Suite 1A						
		NEW Registered Office Address:						
		Pembroke Park	3300	9				
the age	cha ent v s/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of arganization or the operating agreement of the	aws of the repliability of the limited	ne State of Figistered office company, it mited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.			
S	ignat	ure of a member or authorized representative of a member		············	Printed or typed name of signee			
noi	унеа	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provide by reflect a change in the registered office address, in writing of this change.	gree to a e perfor led for it I hereby	ct in this cap mance of my n Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been			