4500074295

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Document Number) Certified Copies Certificates of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special Instructions to Filing Officer:		

Office Use Only



200321421902

12/03/18--01029--009 ++25.00



RDICHS

DEC 0 6 2018

I ALBRITTON

COVER LETTER

Division of Corporations							
Akshar Pharma LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
VIPUL PATEL							
Name of Person							
Akshar Pharma LLC							
Firm/Company							
840 BLAIRMONT LN,							
Address							
LAKE MARY, FL 32746							
City/State and Zip Code							
vik.patel@thepharmacystores.com							
E-mail address: (to be used for future annua	al report notification)						
For further information concerning this matter, p	lease call:						
VIPUL PATEL	863 409-1075						
Name of Person	Area Code & Daytime Telephone Number						
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						

INHS18 (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.

. Na	me of the limited liability company:	na LLC		
	241 N Country Club Rd, Ste 1021	(b) 84	40 BLAIRMONT LN,
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	· · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lake Mary, FL 32746	_	<u>Г</u>	AKE MARY, FL 32746
	4/27/2015		 L15	5000074295
-	Date of filing/registration in Florida	4.	-	Document number
. (a)	VIPULKUMAR R PATEL			
	Registered Agent and Registered Office shown on the records of	the Floric	la Dep	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>S)</u>	7010
	101 S Park Ave.			
	Apopka	32703	i	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office at	ddress	TOWNER -3 M 3: 50 SECULLARIAN SEASON LONDER
	NEW Registered Office Address:			
	840 BLAIRMONT LN,			
	Lake Mary	32746		
ie char gent w as/we	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	the regional ability of the lin	istered ompa nited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signatu	are of a member or authorized representative of a member		V	/ipul Patel Printed or typed name of signee
hereb rovisid ne obli mere otified	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perforn I for in pereby c	t in th iance Chap confiri	his agracia. I foother assess to the least
ignature	e of Registered Agent			

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