L15000157789

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MAR 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G&S PHARMACY LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Samir Kolta
(Contact Person)

G&S PHARMACY LLC
(Firm/Company)

3381 Fairlane Farms Road
(Address)

Wellington, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Samir Kolta at (561) 308.6738
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
❑ $25 Filing Fee ■ $55 Filing Fee & Certified Copy

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

CR2E079 (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.

1. Name of the limited liability company: G&S PHARMACY LLC

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

3232 W BROWARD BLVD

FT. LAUDERDALE, FL 33312

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

1052 S. POWERLINE ROAD

DEERFLIED BEACH, FL 33442

3. Date of filing/registration in Florida: 09/16/2015

4. Document number: L15000157789

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

AKRAM GIRGIS

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1052 S. POWERLINE ROAD

DEERFLIED BEACH, FL 33442

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SAMIR KOLTA

NEW Registered Office Address:

3381 Fairlane Farms Road

Wellington, FL 33414

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17 MAR 16 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Samir Kolta

Printed or typed name of signee

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.

Signature of Registered Agent

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

INHS18 (2/14)