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COVER LETTER

TO: Registration Section Division of Corporations	* * * * * * * * * * * * * * * * * * * *			
SUBJECT: US-RX CARE 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 t	o the following:			
Taeho Oh Namc of Person US-Rx Care				
Firm/Company 4600 Shevidan St., Ste 200 Address				
Hollywood, FL 33021 -City/State and Zip Code				
taeho @us-rxcare. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tacho Oh at (7) Name of Person	54) 800 - 7992 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
\$25 Filing Fcc	☐ \$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.

1. Na	me of the limited liability company: US-RX CARE	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4600 Sheridan St., Ste 200	
	Hollywood, FL 33021	
S.	1\/29\/22 L1 Date of filing/registration in Florida 4.	6000015157 Document number
5. (a)	David Fasano Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Ste. 400	
	Ft. Lauderdale FL 33312	
(b)	Taeho Oh Enter name of NEW Registered Agent and/or NEW Registered Office address: 4600 Sheridan St., Ste 200	2022 DEC 25 SECRETAR TALLAHASS
	NEW Registered Office Address:	SEELFLOR
	Hollywood FL 33021	DRIDE ATE
hange igent w was/we he arti	mited liability company is not organized under the laws of the State of Flo or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
provisio he obli	ov accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my distributions of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address, I hereby confirm that the writing of this change.	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent