

L16000062197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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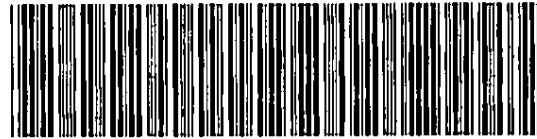
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ALL MED PHARMACY, 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 to the following:

CHANDA SHAFFER- GRIFFITHS

\_\_\_\_\_  
Name of Person

ALL MED PHARMACY, LLC

\_\_\_\_\_  
Firm/Company

3361 FAIRLANE FARMS RD

\_\_\_\_\_  
Address

WELLINGTON FL 33414

\_\_\_\_\_  
City/State and Zip Code

COMPLIANCE@PHARMACYAM.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANDA SHAFFER-GRIFFITHS

561

223-8710

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 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. Name of the limited liability company: ALL MED PHARMACY, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1052 S POWERLINE RD SUITE C

DEERFIELD BEACH FL 33442

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1052 S POWERLINE RD SUITE C

DEERFIELD BEACH FL 33442

03/29/2016

L1000062197

3. Date of filing/registration in Florida 4. Document number

GIRGIS, AMGAD

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1052 S POWERLINE RD SUITE C

DEERFIELD BEACH FL 33442

(b) CHANDA SHAFFER-GRIFFITHS

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

NEW Registered Office Address:

1044 SE PORT ST LUCIE BLVD

PORT ST LUCIE 34952

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.

CHANDA SHAFFER-GRIFFITHS

Printed or typed name of signee

C. Shaffer-Griffiths  
Signature of a member or authorized representative of a member

*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.*

C. Shaffer-Griffiths  
Signature of Registered Agent