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TO MAN TO THE STATE OF THE STAT



COVER LETTER

CUD IEZYÉ	RxCompoundStore.com, Ll	_C			
Name of Limited Liability Company					
Dear Sir or	Madam;				
The enclose	ed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.		
Please retur	rn all correspondence concerning th	nis matter to	the following:		
Ruth Yan	kiver				
	Name of Person				
RxComp	oundStore.com				
	Firm/Company				
111 SW 3	Brd Street, Suite 302				
	Address				
Miami, Fl	_ 33130				
	City/State and Zip Code			<u> </u>	
mark@R	xCompoundStore.com			R 197 13	1
E-ma	il address: (to be used for future an	nual report n	otification)	 در	
For further	information concerning this matter	, please call:		75	
Mark Zhu	k	305 at (799-5133	t: 5]	, ,
	Name of Person	ar (Area Code & Daytime Telephone Number		
Rep Div Cli 260	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building b1 Executive Center Circle llahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
En	closed is a check for the following	g amount:			
13	\$25 Filing Fee		1 \$55 Filing Fee & Certified Conv		

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. N	lame of the limited liability company: RxCompoun	dStore.com	, LLC		
2. (a)	111 SW 3rd Street Suite 302	(b) 11	(b) 111 SW 3rd Street, Suite 302		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33130	<u>Mi</u>	ami, FL 33130		
	May 2, 2016	L16	000086389		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	AXS Law Group LLC				
. (.	Registered Agent and Registered Office shown on the records o 1815 Purdy Avenue	Fthe Florida Dept	t. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	Miami Beach F	L_33139			
(b)	Ruth Yankiver				
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address			
	111 SW 3rd Street, Suite 302				
	NEW Registered Office Address:				
	Miami, F	_L 33130			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l vere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	of the registere liability compa of the limited	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		
	ME Chilo	Mark Z			
-	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob- to med	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely tellect a change in the registered office address, l red in writing of this change.	gree to act in to e performance ed for in Chap I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605. F.S. Or, if this document is being filed m that the limited liability company has been		
	& Yird				
Signat	urd of Registered Agent				

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