## L16000091246

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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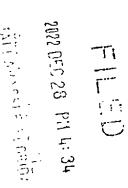
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A. RIVERS MAR - 8 2023



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DEC 27 2022



## COVER LETTER

TO:	Registration Section Division of Corporations	<u>.</u>
SUBJI	ect: RIGHT RX	FL LLC Name of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to the following:
	Taeho Oh Name of Person	<del></del>
<del></del>	US-Rx Care Firm/Company	<del></del>
	4600 Shevid	an St., Ste 200
	Holly wood,	FL 33021
	tacho @us-ry-mail address: (to be used for futur	
	ther information concerning this management of Person	at (754) 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 Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follo	wing 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.

l. Nai	ne of the limited liability company: RIGHT	r Rx F	L, LLC	
2. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limite	
	4600 Sheridan St., Ste			
	Hollywood, FL 33021	<u> </u>	·	
i.	N/29/22  Date of filing/registration in Florida	4.	Document number	1246
5. (a)	David Fasano Registered Agent and Registered Office shown on the records of the	e Florida Dept. of S	State:	
	3201 Griffin Road Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
	Ste. 400			· 20
	Ft. Lauderdale FL	333 2	<u>.</u> .	7022 CEC
(b) _	Finter name of NEW Registered Agent and/or NEW Registered O	Office address:	<u></u>	28 PH
	4600 Sheridan St., S NEW Registered Office Address:	5te 201	<u>5</u> _	H Logic
	Hollywood, FL	33021		
hange igent w vas/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	egistered office ility company, i the limited liab	and the business office t is hereby confirmed to lity company or as other	of the registered hat the change(s)
Signati	re of a member or authorized representative of a member		Printed or typed name of	of signee
provisio he oblij o mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- gations of my position as registered agent as provided j by reflect a change in the registered office address, I he in writing of this change.	e to act in this co erformance of n for in Chapter o ereby confirm th	apacity. I further agree ny duties, and I am fam. 105, F.S. Or, if this doc at the limited liability c	e to comply with the iliar with and accept ument is being filed company has been

Signature of Registered Agent