## L16000128489

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

A. RIVERS MAR - 8 2023



100399438311

DEC 27 2022

13/12/22/2010/07/2010 \*\*1: .00



## COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Pharmacy Riv	SK Management, LLC Name of Limited Elability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning			
Taeho Oh Name of Person	<b>\</b>		
<u>US-Rx Care</u> Firm/Company			
4600 Sheridan	St, Suite 200		
Hollywood, Fr	L 33021		
E-mail address: (to be used for future	annual report notification)		
For further information concerning this ma	tter, please call:		
Tacho Oh Name of Person	at ( <b>3</b> 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 Fee	S55 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. N	ame of the limited liability company: Pharmacy Rick Management, LLC
	(b)
(4	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. Suite 200
	Hollywood FL 33021
	11   29   22   L   6000   28489   Date of filing/registration in Florida   4.   Document number
3.	Date of filing/registration in Florida 4. Document number
5. ta	David Fasano
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	3201 Gri ffin Rd
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suite 400
	Ft Landordale FL 33312
ιb	Taeno Oh
(0	The state of the s
	4600 Sheridan St Sute 200
	NEW Registered Office Address:
	Hollywood FL 33021
chang agent was/v the ar	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the concept of the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
	Tacho Oh attire of a member or authorized representative of a member  Printed or typed name of signee
I her provi the oi to me	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepoligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been addinguishing of this change.

Signature of Registered Agent