

L16000157420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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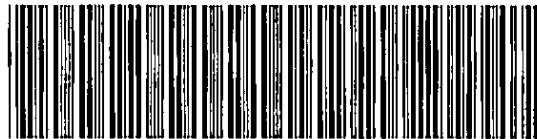
(Business Entity Name)

(Document Number)

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S. WARREN

DEC 08 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRISTAR DISCOUNT 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:

YASER CHAAR

Name of Person

TRISTAR DISCOUNT PHARMACY

Firm/Company

1502 N. SEMORAN BLVD. STE 154

Address

ORLANDO, FL 32807

City/State and Zip Code

TRISTARPHARMACY2@GMAIL.COM

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

For further information concerning this matter, please call:

YASER CHAAR

Name of Person

at (407) 440-3436

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: TRISTAR DISCOUNT PHARMACY, LLC
2. (a) 1502 N. SEMORAN BLVD.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
STE 154  
ORLANDO, FL 32807  
8/22/2016
- (b) 1502 N. SEMORAN BLVD.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
STE 154  
ORLANDO, FL 32807  
L16000157420
3. Date of filing/registration in Florida
4. Document number
5. (a) SAM CHAAR  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1841 MORNING STAR DR.  
CLERMONT, FL 34714

- (b) YASER CHAAR  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1502 N. SEMORAN BLVD. STE 154  
NEW Registered Office Address:

ORLANDO, FL 32807

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.

Yaser Chaar  
Signature of a member or authorized representative of a member

YASER CHAAR  
Printed or typed name of signee

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.

Yaser Chaar  
Signature of Registered Agent

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA