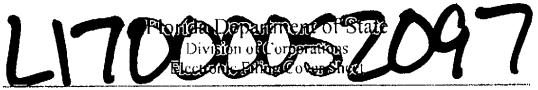
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Division of Corporations

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	nual report mail	ings. Enter only one email	adoress ple	ase	Y OF STATE SEE, FLORIDA	PH :	ILED
**Enter	Phone Fax Number the email addres	: (614)280-3338 : (954)208-0845 .s for this business entit	y to be used	for future	SEURETÁRY TALLAHASSEI	2021 NOV -8	<u> </u>
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## PLEASE HONOR THE ORIGINAL FILE DATE OF 11/8/2021

Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

\$55.00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

From: Kalty Toon

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: PlanetRx, LLC							
2. (a)		(b	i)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	4830 W. Kennedy Blvd., Suite 100	4830 W. Kennedy Blvd., Suite						
	Tampa, FL 33609	Tampa, FL 33609						
	03/06/2017		L170000520	097				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)	, Ryan Flynn							
(n	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	 e:				
					7			
	Registered Office Address MUST BE FLORIDA STREET.	ADDRESS	7	-	ALL SEC	2021		
	4830 W. Kennedy Blvd., Suite 100				A 7.7.	8	• 373	
	Tampa Fi	_	SECRETARY OF STATE ALLAHASSEE, FLORID	8- AON 1203				
(b)	C T Corporation System				of s	PM 1: 08		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	-	TATE ORIDA					
	NEW Registered Office Address:	····		-				
	1200 South Pine Island Road							
				_				
	Plantation FL	33324		_				
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- fere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regis iability co of the lim	stered office impany, it is ited liability	e and the business off s hereby confirmed the y company or as othe	fice of the rat the cha	regist ange(s	ered )	
	Susur Carr  attire of a member or authorized representative of a member		Sus	Printed or typed name of				
noujie	chy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.  C T Corporation System	ree to act e performe ed for in C hereby co	in this cap ance of my Chapter 603 onfirm that	acity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability co	to compliar with a ument is l ompany h	y with and ac being f as bee	the cept iled n	
By:	ure of Registered Agent Ternel Kearney Assi	stant S	ecretary.					