

NOV 10 2021 WED 10:00 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BERGER SINGERYMAN LLP, FT. LAUDERDALE
Account Number : 120020000154
Phone : (954) 525-9900
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE
SOUTH MIAMI PHARMACY II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 NOV 10 PM 1:20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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2021 NOV 10 PM 12:51
TALLAHASSEE, FLORIDA

NOV 10 2021 WED 01:05 PM

FDD NO.

F. OC

#21000416994 3

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: SOUTH MIAMI PHARMACY II, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7500 NW 26TH STREET, STE 102
MIAMI, FL 33122

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
7500 NW 26TH STREET, STE 102
MIAMI, FL 33122

3. JUNE 26, 2018 Date of filing/registration in Florida

4. L18000155466 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
BRIAN BRITO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7500 NW 26TH STREET, STE 102
MIAMI, FL 33122

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

JOSEPH SINICROPI
NEW Registered Office Address:
7500 NW 26TH STREET, STE 102

MIAMI, FL 33122

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.

Signature of a member or authorized representative of a member

Zubeen Shroff

Printed or typed name of signer

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.

Signature of Registered Agent: Joseph Sinicropi

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

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