

L18000 194248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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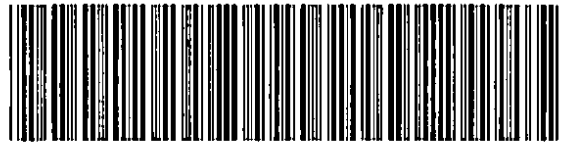
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOLACE CARE 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:

ARAVIND GANTA  
Name of Person

SOLACE CARE PHARMACY  
Firm/Company

2244 E IRLO BRONSON MEMORIAL HIGHWAY, STE K,  
Address

KISSIMMEE FL 34744  
City/State and Zip Code

SOLACECAREPHARMACY@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARAVIND GANTA at (407) 4080474  
Name of Person 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: SOLACE CARE PHARMACY, LLC

2. (a) SOLACE CARE PHARMACY, LLC (b) SOLACE CARE PHARMACY, LLC  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
2244 E IRLO BRONSON MEMORIAL HIGHW 2244 E IRLO BRONSON MEMORIAL  
SUITE K, KISSIMMEE FL 34744 HIGHWAY, SUITE K, KISSIMMEE FL 347

3. 08/14/2018 Date of filing/registration in Florida 4. L18000194248 Document number

5. (a) CORPORATION SERVICE COMPANY  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CORPORATION SERVICE COMPANY  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1201 HAYS STREET  
TALLAHASSEE, FL 32301


(b) ARAVIND GANTA  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
SOLACE CARE PHARMACY, LLC  
**NEW** Registered Office Address:  
2244 E IRLO BRONSON MEMORIAL HIGHWAY STE K  
KISSIMMEE, FL 34744

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 STATE OF FLORIDA  
 TALLAHASSEE

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  
ARAVIND GANTA 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.*

  
 Signature of Registered Agent