

L20000043574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

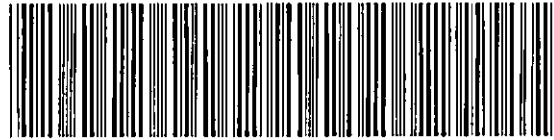
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300340716023

FILED  
2020 FEB 14 AM 9:35  
SECRET  
TALLAHASSEE FL

O SIMMONS  
FEB 18 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 FEB 17 2:43:23

February 17, 2020

SUNSHINE STATE CORPORATE COMPLIANCE CO

SUBJECT: PRUDENRX LLC  
Ref. Number: L20000043574

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for PRUDENRX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 120A00003443

2020 FEB 17 2:43:23

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/14/2020

**\*\*WALK IN\*\***

ENTITY NAME PRUDENRX LLC CHANGING NAME TO PRUDENTRX LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25

ACCOUNT # 120160000072

*W: c JH*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## PRUDENRX LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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FILED  
2022 FEB 10 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

2020 FEB 14 AM 9:39  
SECRET  
STATE  
TALLMONT STB, FL

2020 FEB 14 AM 9:55  
SECRET, VA OFFICE  
TALLAHASSEE, FL

U

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

/DIPAK PATEL/ *Dipak Patel*  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**