

# L20000120570

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

2022 JAN 13 PM 5:14  
TALLAHASSEE, FLORIDA

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jmontjoy@urscompliance.com

## LLC REGISTERED AGENT CHANGE PROHEALTH PHARMACY SOLUTIONS, LLC

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

2022 JAN 13 PM 1:28

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

K. SALY

JAN 14 2022

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROHEALTH PHARMACY SOLUTIONS, 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:

Todd Donnelly

Name of Person

PROHEALTH PHARMACY SOLUTIONS, LLC

Firm/Company

500 WINDERLEY PL., STE. 226

Address

MAITLAND, FL 32751

City/State and Zip Code

jmontjoy@urscompliance.com

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

For further information concerning this matter, please call:

Kathy Clark at (800) 567-4397  
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

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# 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: PROHEALTH PHARMACY SOLUTIONS, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

500 WINDERLEY PL., STE. 226

MAITLAND, FL 32751

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

500 WINDERLEY PL., STE. 226

MAITLAND, FL 32751

05/06/2020

L20000120570

3. Date of filing/registration in Florida

4. Document number

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

GARNER, H. STEPHEN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

500 WINDERLEY PL., STE. 226

MAITLAND, FL 32751

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

URS AGENTS, LLC

NEW Registered Office Address:

3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312

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.

Todd Donnelly  
Signature of a member or authorized representative of a member

Todd Donnelly

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.

Kathy Clark  
Signature of Registered Agent

Kathy Clark, Asst. Secretary

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2022 JAN 13 PM 5:15  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA