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K. Brumble

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

L. Na	me of the limited liability company: FARMAC	EU	TICAL	COMPAN,	Y LL(2	
2. (a)		e i	b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of lim (Note: MAY BE PO			•
	7901 4th St N STE 300		7901 4	rsburg FL 33702			
	St. Petersburg FL 33702	_	St. Pete				
	09/28/21		L2100	0426446			
3.	Date of filing/registration in Florida	4.		Document number	er		
5. (a)	ALVAREZ SANCHEZ, AMABELYS						
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	- e:			
	5396 HOFFNER AVE						
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRES.	<u>S1</u>	_			
	SUITE B						
	ORLANDO EL	3281	2	_			
(b)	(b) Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N			-		2023 FEB -6 1	PIL FIL
	NEW Registered Office Address:			.	_	AH 10:	()
	STE 300			-		D: 58	
	St. PetersburgFL	3370	2	_			
the cha agent w was/we the artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member	s of the the regi bility of the lin	State of Flo stered office ompany, it is nited liability liability con	e and the business s hereby confirmed y company or as of	office of d that the therwise	the re- chang provid	gistered (e(s)
provision the obli to mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. Taylor Newman - Assistant	perform for in ereby c	iance of my i Chapter 605 confirm that	duties, and I am fa	ımiliar w	ith ano	l accent
Signatur	e of Registered Agent		-				