

C24000101396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

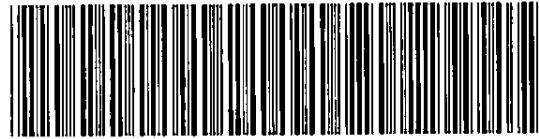
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



500426069675

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MARCH 27 AM 9:12

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MARCH 27 PM 1:27

R. HUNT

3/27/24

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 03/27/2024

Acc#I20160000072

*en: c SW*

Name:	SOUTHEAST QUALITY PHARMACY LLC
Document #:	
Order #:	15458478

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

2024 MAR 27 AM 9:12  
TALLAHASSEE, FL  
STATE

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

# 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: SOUTHEAST QUALITY PHARMACY LLC

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

5401 HANGAR COURT

TAMPA, FL 33634

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

5710 HOOVER BLVD

TAMPA, FL 33634

02/27/2024

L24000101396

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:  
WEAVER, HAL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5710 HOOVER BLVD

TAMPA, FL 33634

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

STATE  
OFFICE, FL  
FEB 27 AM 9:12

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 incorporation or the operating agreement of the limited liability company.

DocuSigned by:

Hal Weaver

Hal Weaver

3A8A1323D344497

Signature of a member or authorized representative of a member

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.

By: Linda Stauffer Linda Stauffer, Assistant Secretary  
Signature of Registered Agent

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