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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2017

DANIEL RKUC

9864 NW 13 CT 🕊 CORAL GABLES, FL 33071

SPECIALS
SUBJECT: PATIENT RX, L.L.C.

Ref. Number: L98000000555

We have received your document for PATIENT RX, L.L.C. and your check(s) totaling \$55.00. 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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00019847

ÇQ EX

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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.

Florida	_	· م				
1. Na	me of the limited liability company:Pa_tier		•			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			O. Box 770 877 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Cosal Springs, Fl. 33071	- -	Caral	Springs, Fl.	33077	
3.	04/20/2017 Date of filing/registration in Florida	4.		cument number		
5. (a)	Linds Krkuc Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)				
	Cocal Springs, Fl	334	271	TALLAH)	77	
(b)	Daniel Krkuc Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	30 P		
	9864 nw 13 cf. NEW Registered Office Address:			E: 21 Loĝiŝa		
	Cosal Springs Fl. FL	33o	71			
the cha	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	tne regis ibility co f the lim	mpany, it is he ited liability co lability compa	creby confirmed that tompany or as otherwing.	he change(s) se provided in	
	ture of a member or authorized representative of a member		Daqı	inted or typed name of sign	<u> </u>	
7.1	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete	ee to act perform	in this capaci	ty I further agree to	comply with the	

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