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1/23/2018

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

RECEIVED

JAN 23 2018

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:____

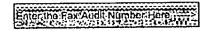
LLC REGISTERED AGENT CHANGE GUARDIAN PHARMACY OF DAYTONA, LLC

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COVER LETTER.

TO:	Registration Section
	Division of Cornoration

SUBJECT: GUARDIAN PHARI	MACY OF DAYTONA, LLC
Name o	f 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 n	natter to the following:
MARGOT MULLIN	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	ik
Address	11.11.11.11.11.11.11.11.11.11.11.11.11.
Austin, TX 78744	
City/State and Zip Code	
notices@rasi.com	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, pl	ease call:
MARGOT MULLIN	888 705-7274
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 a	mount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

Floria	la.					
1. N	ame of the limited liability company: GUARD	IAN PHARN	MACY OF DA	AYTONA, LLC		
2. (a)						
_, (-,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1776 PEACHTREE RD NW SOUTH TOWER SUITE 500 ATLANTA, GA 30309			
	10 AVIATOR WAY ORMOND BEACH, FL 32174	SUIT				
	11/15/2006	MO	M06000006323			
3.	Date of filing/registration in Florida	4.	Document r	number		
5. (a)					
J. (u	Registered Agent and Registered Office shown on the recon NRAI SERVICES, INC		of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			F) ALLAHA		
(b`		, "		23		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Registered Agent Solutions, Inc.			40880 3181 200 -8		
	NEW Registered Office Address:			<u> </u>		
	155 Office Plaza Dr., Suite A					
	Tallahassee	_, _{FL} _32301				
the classes was/sthe are significant to me	Iimited liability company is not organized under thange or changes are made, the Florida street addressed by its identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of DAVID MORRIS **nature of a member or authorized representative of a member reby accept the appointment as registered agent an islight of all statutes relative to the proper and combigations of my position as registered agent as properly reflect a change in the registered office addressed in springs of this change.	ted liability compa bers of the limited of the limited liabil	iny, it is hereby colliability company. MORRIS Printed or ty	mfirmed that the change(s) or as otherwise provided in MANAGER ped name of signee		

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

Justine Karnell

Signature of Registered Agent Assistant Secretary