

MO7000006888

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T. HAMPTON

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EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHACTS, 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:

Mor McCarthy  
Name of Person

PHACTS, LLC.  
Firm/Company

1023 NE 43rd Street  
Address

Seattle, WA 98105  
City/State and Zip Code

maym@phacts.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mor McCarthy  
Name of Person

at ( 206 ) 850-5880  
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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.*

PHARMACY AUTOMATION CONSULTING TECHNOLOGIES, LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) Principal office address of limited liability company: 1023 NE 43rd Street

☒ (Note: **MUST BE STREET ADDRESS**) Seattle, WA 98105

(b) Mailing address of limited liability company: \_\_\_\_\_

☐ (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

3. Date of filing/registration in Florida November 26, 2007

4. Document number M07000006888

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

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

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

**NEW Registered Agent:** InCorp Services, Inc.

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** 17888 67th Court North  
Loxahatchee, FL 33470

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.

[Signature]  
Signature of a member or authorized representative of a member

May L. McCarthy  
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 608, 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] for InCorp Services, Inc.  
Signature of Registered Agent

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

FILED  
NOV - 8 PM 12:15  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE