

MO9000001738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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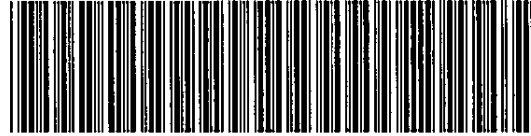
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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SEP 06 2016

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Back Office Consultants, Inc.

Your Financial and Corporate Compliance Solution

August 17, 2016

Florida Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

On behalf of our clients, enclosed are Statements of Change of Registered Office or Registered Agent for BocaGreenMD, Inc., TherapeuticsMD, Inc., VitaCare Prescription Services, Inc. and VitaMedMD, LLC along with a check for \$130 for the aggregated filing fees.

I have also enclosed a second copy of each filing that I ask that you return it to us to our new address as shown on the self-addressed, stamped envelope provided for that purpose.

If you have any questions regarding these filings, please contact me directly at 863-224-0072.

Sincerely,

Teresa J. Bray
Vice President

Encls.

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TALLAHASSEE, FLORIDA

**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: vitaMedMD, LLC

2. (a) 6800 Broken Sound Parkway NW (b) Same as (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**)

Third Floor

Boca Raton, FL 33487

05/05/2009

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3. Date of filing/registration in Florida

4. Document number

5. (a) Robert Finizio

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6800 Broken Sound Parkway NW, Third Floor

Boca Raton, FL 33487

(b) Paracorp Incorporated

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

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

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TALLAHASSEE, FL

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.

Robert Finizio, Mgr.

Signature of a member or authorized representative of a member

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 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.

Sharon Lowe
Signature of Registered Agent

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