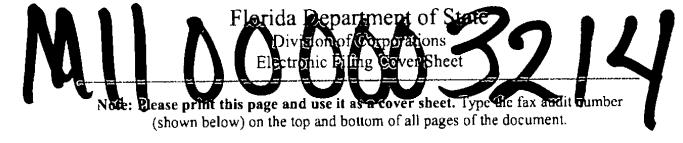
12/18/2020

Division of Corporations



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

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LLC REGISTERED AGENT CHANGE MAH PHARMACY, L.L.C.

Certificate of Status	0
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DEC 2: 2020

M. SOLOMON

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Corporate Filing Menu

Help

From: Ranae McGraw

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.

١.	Na	me of the limited liability company: Man Pharmacy, L	.1						
2.	(a)	Principal office address of limited liability company:		(b)	Mailing address of limited liab				
		(<u>Note: MUST BE STREET ADDRESS</u>)		o r	(Note: MAY BE POST OF)	<u> </u>	<u>A</u>)		
		One Express Way	_	One Express Way					
		St. Louis, MO 63121 6/23/2011		St. Louis	, MO 63121				
	M1100000)3214		······			
3.		Date of filing/registration in Florida	4.		Document number				
5. (a)	(a)	Corporation Service Company							
٥.	(a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of St	ate:				
		Registered Office Address (MUST BE FLORIDA STREET)		÷ ;	2828				
		1201 Hays Street				*	BEC 18		
		Tallahussee, FL	32301		_ _	4	8		
	.,	C T Corporation System					1 : H		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				्रे क्या स्थाप	<u></u>		
						ļ.	6		
		NEW Registered Office Address:			_				
		1200 South Pine Island Road			_				
		Plantation, FI	33324		_				
th ag w th	e cha gent as/w e art	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members irles of organization or the operating agreement of the floring of a member or authorized representative of a member by accept the appointment as registered agent and agreement of the proper and complete	interesiability of the legitimite	company, i limited liabi id liability c emifer Kurz,	t is hereby confirmed that lity company or as otherw ompany. Authorized Person Printed or typed name of signatures of the control of the co	the chan ise prov	ided in	_	
th to no	rovis ie ob i mer otifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid ely reflect a change in the registered office address. I d in writing of the change.	ed for i hereby	in Chapter (e confirm the	505, F.S. Or, if this docum at the limited liability com	ent is he pany ha	ring Jilea s been	ł	
$\frac{B_2}{S}$	ignat	Telephanie Boehm, Assistant Secretar	v						

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