

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : 120100000062  
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  
WOMENS CHOICE PHARMACEUTICALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 SEP -5 PM 3:42  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED  
17 SEP -5 AM 9:07  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



COVER LETTER Enter the Fax/Audit Number Here

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TO: Registration Section  
Division of Corporations

SUBJECT: WOMENS CHOICE PHARMACEUTICALS 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:

**Mary Castillo**

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mary Castillo** at ( 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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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17 SEP -5 AM 9:07  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA  
REGISTRATION SECTION

FL H17000238796 3

**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: WOMENS CHOICE PHARMACEUTICALS LLC

2. (a) _____	(b) _____
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>850 Cassatt Road Suite 210</u>	<u>850 Cassatt Road Suite 210</u>
<u>Berwyn, PA 19312</u>	<u>Berwyn, PA 19312</u>

3. <u>11/04/2015</u>	4. <u>M15000008896</u>
Date of filing/registration in Florida	Document number

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

INCORP SERVICES, INC  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

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

Registered Agent Solutions, Inc.  
NEW Registered Office Address:  
155 Office Plaza Dr., Suite A  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

/s/ Dennis F. Wilson  
Signature of a member or authorized representative of a member

Dennis F. Wilson President  
Printed or typed name of signee

*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.*

Justine Karnell  
Signature of Registered Agent: Assistant Secretary

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

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