

M 16 000006576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/24--01018--004 **25.00

STATE
CLERK
JUL 31 2024
11:08:47

A. HUNT

08/01/24

Fairview | Pharmacy

July 31, 2024

Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: Change in Board of Directors

To whom it may concern,

Attached is the form to amend our foreign limited liability company registration with the Florida Division of Corporations, along with the required payment.

We have not included "A certificate from the state of jurisdiction evidencing the amendment" because Delaware does not require Board of Director information in its LLC registration.

Please feel free to contact me directly with any questions.

Kind Regards,



Jessica Mullen
Compliance Licensing Specialist
Fairview Pharmacy Services, LLC
711 Kasota Ave SE
Minneapolis, MN 55112
612-672-6173
Jessica.mullen@fairview.org

7
ALL 0:17
DATE

Fairview Pharmacy

711 Kasota Ave. SE, Minneapolis, MN 55414

Phone 612-672-5200 | Fax 612-672-5201

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fairview Pharmacy Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Mullen

Name of Person

Fairview Pharmacy Services, LLC

Firm/Company

711 Kasota Ave SE

Address

Minneapolis, MN 55414

City/State and Zip Code

dept-fps-licensing@fairview.org

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

For further information concerning this matter, please call:

Jessica Mullen at (612) 672-6173
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Fairview Pharmacy Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000006576

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/02/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

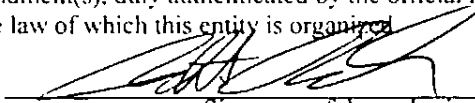
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removed from the Board effective 6/30/2024

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Mark Welton	2450 Riverside Ave S	<input type="checkbox"/> Add
		Minneapolis, MN 55454	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized


Signature of the authorized representative

Robert Beacher

Typed or printed name of signee

Filing Fee: \$25.00