

M18 00000000 367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

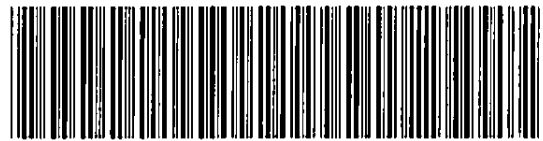
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 23 PM 2:33
CLERK OF COURT
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COVER LETTER

TO: Registration Section
Division of Corporations

PHARMASCAN, LLC

SUBJECT: _____
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:

Stuart Zuckerman

Name of Person

Incorporate247, Inc.

Firm/Company

949 NW 18th Ave

Address

Boca Raton, FL 33486

City/State and Zip Code

mgt@global-inter.net

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

For further information concerning this matter, please call:

Stuart Zuckerman

302

386-3888

at (_____) _____

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

☐ \$55 Filing Fee & Certified Copy

PM FEB 23 PM 2:33

**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.

PHARMASCAN, LLC

1. Name of the limited liability company: _____
1201 GULF BLVD BELLEAIR BEACH, FL 33786

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

01/11/2018

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3. _____ 4. _____
Date of filing/registration in Florida Document number
Registered Agent Solutions, Inc.

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2894 Remington Green Ln. Ste. A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee 32308
_____, FL _____

Incorporate247, Inc.

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

949 NW 18th Ave

NEW Registered Office Address:

Boca Raton 33486
_____, FL _____

2018 FEB 23 PM 2:33

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.

Yair Safriel

Yair Safriel

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.

Steven Stone

Signature of Registered Agent