

M190000000473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

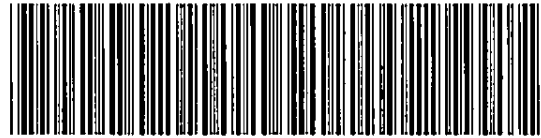
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100435967651

RECEIVED  
2024 SEP -9 AM 9:01  
TALLAHASSEE  
FLORIDA

RECEIVED  
2024 SEP -9 PM 12:27  
TALLAHASSEE  
FLORIDA

6/5/24



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 1200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 09/09/2024

Name: Patrice Rush

Reference #: 2465798

Entity Name: ROMAN HEALTH PHARMACY LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

# 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: ROMAN HEALTH PHARMACY LLC

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**)

625 6th Avenue, 4th Floor

625 6th Avenue, 4th Floor

New York, NY 10011

New York, NY 10011

1/8/2019

M19000000473

3. Date of filing/registration in Florida

4. Document number

5. (a) C T CORPORATION SYSTEM

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1200 SOUTH PINE ISLAND ROAD STE A

PLANTATION

, FL 33324

(b) Cogency Global Inc.

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

115 North Calhoun Street, Suite 4

**NEW** Registered Office Address:

Tallahassee

, FL 32301

2019 JAN 9 AM 9:01  
DIV OF STATE  
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.

Zachariah Reitano

Zachariah Reitano

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.

/s/ Timothy Mayville

Signature of Registered Agent

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

FILING FEE: \$25.00