(((H23000053279 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

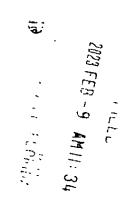
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 BELMAR PHARMACY FLORIDA, LLC

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 02 | |
| Estimated Charge | \$25.00 | |



Help^{0,707} 01 834

Electronic Filing Menu

Corporate Filing Menu

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. Na | me of the limited liability company: Belmar Pharmacy Florida, LLC | | | |
|--------------------------------|--|--|---|--|
| 2. (a) ₋ | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | ;; (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 10/18/22 | M2 | 2000016011 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | C T CORPORATION SYSTEM | | | |
| . , | Registered Agent and Registered Office shown on the recor | ds of the Florida Dept. | of State: | |
| | 1200 SOUTH PINE ISLAND ROAL |) | | |
| | Registered Office Address (MUST BE FLORIDA STR) | EET ADDRESS) | | |
| | PLANTATION | . FL 33324 | | |
| (h) | Registered Agents Inc | | | |
| | Enter name of NEW Registered Agent and/or NEW Regis | tered Office address: | | |
| | 7901 4th St N | | | |
| | NEW Registered Office Address: | | | |
| | STE 300 | | | |
| | St. Petersburg | . FL_33702 | 2023 FFB | |
| he char igent w was/wei | mited liability company is not organized under the respect to the florida street address and the florida street address ill be identical. Or, in the case of a Florida limits authorized by an affirmative vote of the membeles of organization or the operating agreement of the florida in the fl | ss of the registered ed liability compan ers of the limited li | office and the business office of the regist y, it is hereby confirmed that the change (s ability company or as otherwise provided y company. | |
| Signate | are of a member or authorized representative of a member | - 100113 | Printed or typed name of signee | |
| rovisio he oblij o merei | y accept the appointment as registered agent and ons of all statutes relative to the proper and compations of my position as registered agent as proly reflect a change in the registered office address in writing of this change. | l agree to act in this pleie performance of wided for in Chapte is, I hereby confirm stant Secretary | s capacity. I further agree to comply with If my duties, and I am familiar with and a er 605, F.S. Or, if this document is being that the limited liability company has be | |

Signature of Registered Agent