

PD3000007252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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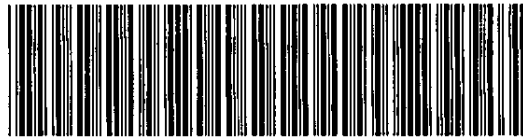
(Business Entity Name)

(Document Number)

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R. White

AUG 05 2015

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Compounding Docs Inc  
Name of Corporation

**DOCUMENT NUMBER:** P03000007252

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha Little  
Name of Contact Person

Compounding Docs Inc  
Firm/Company

5499 N. Federal Hwy Ste L2  
Address

Boca Raton, FL 33487  
City/State and Zip Code

martha@compoundingdocs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Little at ( 561 ) 826-0711  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Compounding Docs Inc.  
2. The principal office address: 5499 N. Federal Hwy Ste 42  
Boca Raton, FL 33487  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 1/21/2003 Document number: P03000009252

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned - Charles Koval  
203 NE 1st Street  
Gainesville, FL 32601

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jill H. Brickel CPA  
7900 Glades Rd. Ste 200  
P.O. Box NOT acceptable  
Boca Raton FL 33434

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Martha Little  
Signature of an officer or director

Martha Little, Pres.  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jill H. Brickel  
Signature of Registered Agent

June 30, 2015  
Date

If signing on behalf of an entity:

Saret Oakes  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*