

PO3000033579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

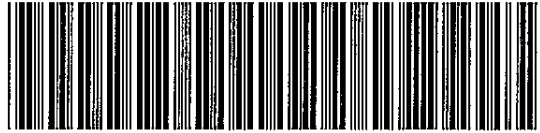
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400030269334

RA
Change

03/16/04--01101--007 **35.00

RECEIVED
04 MAR 16 PM 12:38
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED
04 MAR 16 PM 3:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 3/16/04

REF. #: 0152.24465

CORP. NAME: APOTHECARIES ENTERPRISES, INC.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT | | |

STATE FEES PREPAID WITH CHECK# 507746 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
04 MAR 16 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


**STATEMENT OF CHANGE OF REGISTERED AGENT AND OFFICE
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 agent and office in the State of Florida.

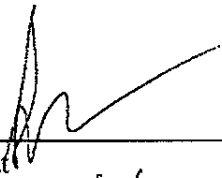
1. The name of the corporation: Apothecaries Enterprises, Inc..
2. The principal office address: 318 Indian Trace, #326, Weston, Florida 33326.
3. The mailing address (if different): same.
4. Date of incorporation/qualification: March 24, 2003
Document number: P03000033579.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Ronald A. Luzim
9900 W. Sample Road, #400, Coral Springs, Florida 33065
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Josh Bennett
440 N. Andrews Avenue, Fort Lauderdale, FL 33301

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.

 _____ Date: 2/1/04
David Cheren
President

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.

 _____
Josh Bennett

Date: 2/1/04