P03000044910

Morrison's fx Ixc 201 YU FOTH AVE #1) Plantation F/ 33317



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PARTY OF STATE

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R.A. change

T BROWN DEC 1 3 2005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Molli SON'S LX THC (Name of Corporation) DOCUMENT NUMBER: PC3000044910
DOCUMENT NUMBER: P03000044910
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:
PETER LOB CACK (Name of Contact Person)
PETER LOBLACK ESq. (Firm/Company)
6991 W BROWARD BUS (Address)
Phata tion F/ 33317 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (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



November 29, 2005

MORRISON'S RX, INC. 201 NW 70TH AVENUE SUITE D PLANTATION, FL 33317

SUBJECT: MORRISON'S RX, INC.

Ref. Number: P03000044910

We have received your document for MORRISON'S RX, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Letter Number: 505A00069548

Teresa Brown Document Specialist

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MOLRISON'S LOC.
2. The principal office address: 201 NW POTH HVE # D Planta Fior Fl 33317.
3. The mailing address (if different): MOLLUSONS RX FUE.
25 TO N University DR Sankist F/ 33322
4. Date of incorporation/qualification: 42403 Document number: P03000044910 -
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MARK TO OUBIAL 6 V.M.
5400 S University In #601
DAVITE F/ 33328.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): FIEL COB CACK ESO
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.
(Signature of an officer or director) De Manily Morrison - Padilla (Project 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.
Jednotobled Dec 10 2005
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:

(Typed or Printed Name)