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(Business Entity Name)

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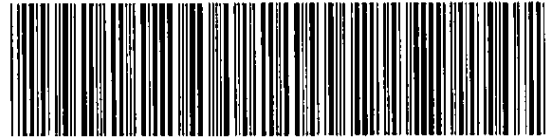
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2024

CSC-TALLAHASSEE

RESUBMIT
Please give original
submission date as file date.

SUBJECT: CENTER CITY PHARMACY, INC.
Ref. Number: P04000129506

We have received your document for CENTER CITY PHARMACY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$5.00.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 524A00016405

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Center City Pharmacy, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Jeremy Chao
Name of Contact Person
Davidoff Hatcher & Citron LLP
Firm/Company
605 Third Avenue, 15th Floor
Address
New York, New York 10158
City/State and Zip Code
jec@dhclegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Chao at (646) 428-3227
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: CENTER CITY PHARMACY, INC.
 2. The principal office address: 416 CLEMATIS STREET WEST PALM BEACH, FL 33401

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/14/2004 Document number: P04000129506

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)

REBHANDL, THOMAS

416 CLEMATIS STREET

WEST PALM BEACH, FL 33401

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

Corporation Service Company


1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

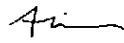
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

DocuSigned by:

 00:22:4F C806 Signature of an officer or director

Amy Bryson Director
 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.


 Signature of Registered Agent

 Date

If signing on behalf of an entity:

AMANDA MILLER
 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (04/13)



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext: x62969
Date: 07/30/24
Order #: 1573346-1
Re: Center City Pharmacy, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.