

P08000011795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

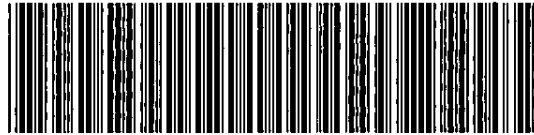
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RACH  
3/5/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PAR PHARMACY INC  
(Name of Corporation) +

**DOCUMENT NUMBER:** P08000011795 +

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:

YOSVANY MOLINA  
(Name of Contact Person)

(Firm/Company)

8239 SW 40 ST  
(Address)

MIAMI FL 33155  
(City/State and Zip Code)

For further information concerning this matter, please call:

YOSVANY MOLINA at ( 305 ) 227-7900  
(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 FL  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PAR PHARMACY INC
2. The principal office address: 8239 SW 40 ST MIAMI FL 33155
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/05/2009 Document number: P08000011795

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)

PAVEL AGUILA

8239 SW 40 ST MIAMI FL 33155

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

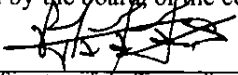
YOSVANY MOLINA

8239 SW 40 ST MIAMI FL 33155

(P.O. Box NOT acceptable)

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)

Pavel Aguila  
(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)

02/05/09  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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 (8/05)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA