## P09000082212

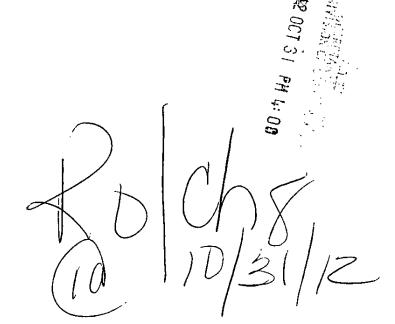
(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700241040627

10/22/12--01018--002 \*\*35.00



## COVER LETTER

TO: Amendment Section

Division of Corporations

SURJECT, APOTHECA GROUP, INC.

Name of Corporation

DOCUMENT NUMBER, P09000082212

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:

ANABEL MEDINA

Name of Contact Person

APOTHECA GROUP, INC.

Firm/Company

2007 SW 8 STREET

Address

MIAMI, FLORIDA 33135

City/State and Zip Code

APOTHECAGROUP@YAHOO.COM

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

For further information concerning this matter, please call:

YOANNA DIAZ

, / ୪୦

397-9574

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

CR2E045 (03/12)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2012

ANABEL MEDINA APOTHECA GROUP INC. 2007 SW 8 STREET MIAMI, FL 33135

SUBJECT: APOTHECA GROUP INC.

Ref. Number: P09000082212

We have received your document for APOTHECA GROUP INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 312A00025909



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

statement of cha	ange is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statutes, this anized under the laws of the State of FLORIDA istered agent, or both, in the State of Florida.
<ol> <li>The name of the state of the principal</li> </ol>	the corporation: APOTHECA GR I office address: 2007 SW 8 STR	OUP, INC EET MIAMI FLORIDA 33135
4. Date of incor	rporation/qualification: 10/1/2009	Document number: P0900082212
	d street address of the current registered artment of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)
	ANABEL MEDINA	00
	1850 SW 121 CT #259	gned)  OCT 3
	MIAMI, FL 33175	70
6. The name and (if changed):		gent (if changed) and /or registered office
	ANABEL MEDINA	
	2007 SW 8 STREET	
	P.O. Box N	OT acceptable
The street address changed will	ress of its registered office and the stre I be identical.	et address of the business office of its registered agent,
Such change was authorized by the	ras authorized by resolution duly adopt the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Signatu	ure of an officer or director	ANABEL MEDINA -PRESIDENT Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agent to comply with the provisions of all st f my duties, and I am familiar with and	and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as registered effect a change in the registered office address, I
	2/	OCTOBER 16, 2012
	gnature of Registered Agent	Date
	ehalf of an entity:	•
ANABEL M	MEDINA Typed or Printed Name	
,	-Alban and comment comments	

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