

P090000082212

(Requestor's Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: 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

Name of Contact Person

at (786) 897-9574

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



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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: APOTHECA GROUP, INC
2. The principal office address: 2007 SW 8 STREET MIAMI FLORIDA 33135
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/1/2009 Document number: P0900082212

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)

ANABEL MEDINA

1850 SW 121 CT #259

MIAMI, FL 33175

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

ANABEL MEDINA


2007 SW 8 STREET

P.O. Box NOT acceptable

MIAMI, FLORIDA 33135

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

ANABEL MEDINA -PRESIDENT

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

OCTOBER 16, 2012

Date

If signing on behalf of an entity:

ANABEL MEDINA

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

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