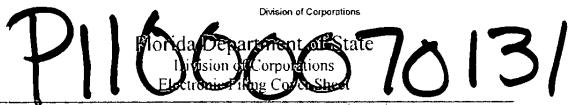
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2022 JŲL		REGISTERED AGENT CHANGE LEHIGH PHARMACY & SUPPLIES, INC.	
ŲL I4	Ema	ail Address:	
AM 11: 54	From:	Division of Corporations  Fax Number : (850)617-6380  Account Name : C T CORPORATION SYSTEM  Account Number : FCA000000023  Phone : (954)208-0845  Fax Number : (614)573-3996  The email address for this business entity to be used for future out of the email address please.**	2022 JUL 14 AM 10: 24
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org ir to change its registered office or reg	unized under the laws of the State of	Florida
<ol> <li>The name of</li> <li>The principal</li> </ol>	office address: 407 DEL PRADO BLVI	upplies, Inc. D NORTH STE 3 CAPE CORAL, FL 3	3909
3. The mailing a	ddress (if different): 307 DEL PRADO	BLVD NORTH STE 3 CAPE CORAL	., FL 33909
	oration/qualification: 08/04/2011		
	d street address of the current registered timent of State: (If resigned, enterresign		rith the
	Jessica Muse		
	_		
	CAPE CORAL, FL 33909		
6. The name and (ifchanged):	SECRETARY OF STATES THE STATES OF ST		
	C T Corporation System		一般 干
	1200 South Pine Island Road		AMI ASSE
	P.O.I Plantation, Florida 33324	Box NOT acceptable	0: 24 STATE E. FI
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of i	ts registered agent,
	is authorized by resolution duly adoptie board, or the corporation has been		
Jessica Muse		Jessica Muse President	
•	the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all standaccept the of all and familiar with and accept the of the filed merely to reflect a change in the been notified in writing of this change. System	Printed or typed name and t and agree to act in this capacity, atutes relative to the proper and con bligation of my position as registere the registered office address. I here ge. 06/20/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
SANDRA ZWIJ	ACK, ASSISTANT SECRETARY		
T	sped or Printed Name		
	* * * FILING 1	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)

By: