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COVER LETTER

TO: Amendment Section Division of Corporations CFO Rx Solutions, Inc. Name of Corporation DOCUMENT NUMBER: P11000077458 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: Albert D. Goldwasser Name of Contact Person CFO Rx Solutions, Inc. Firm/Company 3736 Messina Drive Address Lake Mary, Florida 32746 City/State and Zip Code albertgoldwasser@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407)461-3759 Area Code & Daytime Telephone Number Albert D. Goldwasser Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporat	12, 617.0502, 607.1508, or 617.1508, Florida Stat ution organized under the laws of the State of Flor e or registered agent, or both, in the State of Flor	rida
	the corporation: CFO Rx Sc		iaa.
		sina Drive, Lake Mary, Florida 32746	3
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 8/31/2	2011	77458
5. The name and		egistered agent and registered office on file with t	
	LEGALINC CORPORA	ATE SERVICES, INC.	
	5237 SUMMERLIN CO	OMMONS, Suite 400	
	FORT MYERS, FL 33		2019
6. The name and (if changed);	d street address of the new regist	stered agent (if changed) and /or registered office	_ u
	Albert D. Goldwasser		MII: 34
	3736 Messina Drive		(C) 12
	Lake Mary, Florida 327	O. Box NOT acceptable 746	
The street addre	ess of its registered office and the identical.	the street address of the business office of its reg	gistered agent.
Such change wa outhorized by th	is authorized by resolution duly be beard or the corporation has	y adopted by its board of directors or by an offic s been notified in writing of the change.	er so
Signistur	re of an officer or director	Albert D. Goldwasser, Pres	ident
hereby accept further agree to berformance of tigent. Or, if this iereby confirm is	the appointment as registered of ocomply with the provisions of my duties, and I am familiar with some of the company the component is document to being filed merely all the component on has been n	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as rely to reflect a change in the registered office ad- notified in writing of this change.	e registered dress, I
dist	Jun /	7/27/2019	
	nature of Registered Agent	Date	
	nalf of an entity;		
	asser for CFO Rx Solutions, Inc.	i	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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