

P11000100099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

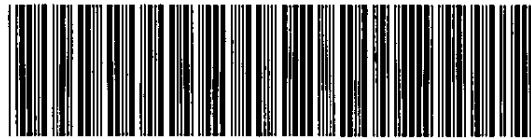
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/14--01013--011 **375.00

06/23/14--01047--006 **75.00

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JUL 07 2014

R. WHITE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2014

IVAN J PARRON
175 SW 7TH ST STE 1210
MIAMI, FL 33130

SUBJECT: REAL TIME PHARMACY SERVICES INC.
Ref. Number: P11000100099

We have received your document for REAL TIME PHARMACY SERVICES INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 614A00012012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REAL TIME PHARMACY SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P11000100099

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:

IVAN J. PARRON
Name of Contact Person

PARRON & ASSOCIATES, PL
Firm/Company

175 SW 7TH STREET, SUITE 1210
Address

MIAMI, FL 33130
City/State and Zip Code

IP@PARRONLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN J. PARRON at (305) 851-2320
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REAL TIME PHARMACY SERVICES, INC.
2. The principal office address: 7415 CORPORATE CENTER DR., STE B, MIAMI FL 33126
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/18/2011 Document number: P11000100099
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)

P & A REGISTERED AGENTS, LLC

175 SW 7TH STREET, SUITE 1810

MIAMI, FL 33130

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

P & A REGISTERED AGENTS, LLC

175 SW 7TH STREET, SUITE 1210

P.O. Box NOT acceptable

MIAMI, FL 33130

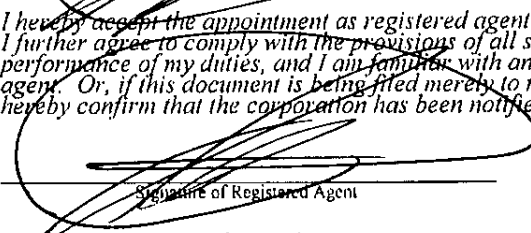
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Ivan Puvion, es attorney in fact
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

06/17/14
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 (03/12)