

P11000108696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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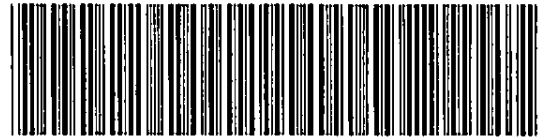
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: PEOPLE'S PHARMACY INC
Name of Corporation

DOCUMENT NUMBER: P11000108696

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:

KENNETH SIEGEL

Name of Contact Person

SIEGEL & COMPANY

Firm/Company

114 PALMOLA STREET

Address

LAKELAND FL 33803

City/State and Zip Code

KSIEGEL12@AOL.COM

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

For further information concerning this matter, please call:

KENNETH SIEGEL

Name of Contact Person

at (863) 680-1040

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

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CORPORATIONS
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**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: PEOPLE'S PHARMACY INC
2. The principal office address: 4977 US HIGHWAY 98 NORTH
LAKELAND, FLORIDA 33809
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 12-28-2011 Document number: 61-1670377
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)

KENNETH SIEGEL

114 PALMOLA STREET

LAKELAND, FL 33803

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

KAREN MCKOWN

4977 US HIGHWAY 98 NORTH

P.O. Box NOT acceptable

LAKELAND FL 33809

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.

Karen McKown
Signature of an officer or director

Karen McKown
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.

Karen McKown
Signature of Registered Agent

8/11/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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