

P1200003696
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380
From: Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
RX PRO PHARMACY & COMPOUNDING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: RX PRO PHARMACY & COMPOUNDING, INC.
- 2. The principal office address: 938 W HALLANDALE BEACH BLVD, HALLANDALE, FL 33009
- 3. The mailing address (if different): P. O. Box 13130, Jackson, MS 39238-3130
- 4. Date of incorporation/qualification: 1/11/2012 Document number: P12000003696
- 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)

CT CORPORATION SYSTEM
1200 SOPUTN PINE ISLAND ROAD
Street Address
PLANTATION FL 33324
City State Zip Code

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

Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
Street Address P.O. Box NOT acceptable
Tallahassee FL 32301
City State Zip Code

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 authorized by the board, or the corporation has been notified in writing of the change.

Jack E. West
Signature of an officer or director

Jack E. West
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.

Delanie Case
Signature of Registered Agent

3-28-17
Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
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 (09/12)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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