

PI2 000035215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 MAR -3 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/11/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2021

SAMANTHA B LINDO  
701 SW 35TH AVE  
BOYNTON BEACH, FL 33435

SUBJECT: VICTOR FARRIS PHARMACY INC  
Ref. Number: P12000035215

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 721A00003468

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Victor Farris Pharmacy Inc  
Name of Corporation

DOCUMENT NUMBER: P12 0000 35215

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:

Samantha B Lindo  
Name of Contact Person

VICTOR FARRIS PHARMACY INC  
Firm/Company

701 SW 35th Ave  
Address

BOYNTON BEACH, FL 33435  
City/State and Zip Code

oceanviewspecialty@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha B Lindo at ( 714 ) 507-5142  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VICTOR FARRIS PHARMACY INC
2. The principal office address: 1411 N FLAGLER Drive, Suite 1200  
West Palm Beach, FL 33401
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/12/2012 Document number: P12000035215
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)

Mipal Patel

1411 N FLAGLER Drive Suite 1200

West Palm Beach, FL 33401

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

Samantha Lindo

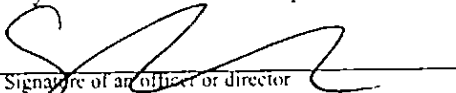
701 SW 35<sup>th</sup> Ave

P.O. Box NOT acceptable

Boynton Beach, FL 33435

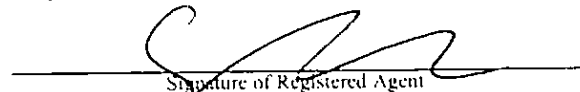
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Samantha B Lindo  
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

02/22/2021  
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 (04/13)

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