

PIA000052189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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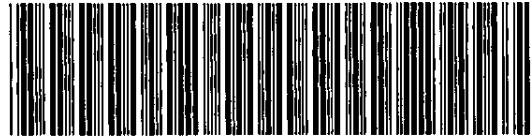
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

JAN 15 2013
T. LEMIEUX

RO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trio Pharmacy, Inc
Name of Corporation

DOCUMENT NUMBER: 45-5129851

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:

Massiel Cruz

Name of Contact Person

Trio Pharmacy, Inc.

Firm/Company

7915 East Drive suite 2A

Address

North Bay Village, FL 33141

City/State and Zip Code

triopharmacy@yahoo.com

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

For further information concerning this matter, please call:

Massiel Cruz

Name of Contact Person

at (**305**) **261-0340**

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: TRIO PHARMACY, INC.
2. The principal office address: 7915 east drive suite 2A NORTH BAY VILLAGE FL 33141
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)
Massiel Cruz
7915 east drive suite 2A
NORTH BAY VILLAGE FL 33141

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MASSIEL CRUZ
5587 SW 8 STREET
P.O. Box NOT acceptable
CORAL GABLES, FL 33134

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TALLAHASSEE, FLORIDA

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

Massiel Cruz
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

1/9/2013
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)