

P12000052936

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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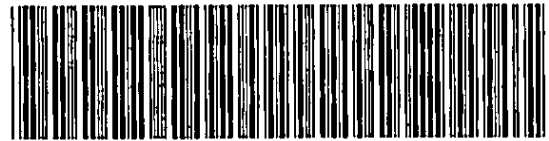
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R. WHITE

APR 04 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2018

KRUTIKA PATEL  
3644 WEBBER ST  
SARASOTA, FL 34232

SUBJECT: BUX HEALTHCARE INC.  
Ref. Number: P12000052936

We have received your document for BUX HEALTHCARE 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.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 718A00004100

RECEIVED  
18 MAR 29 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BUX HEALTHCARE, INC.,  
Name of Corporation

DOCUMENT NUMBER: P12000052936

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:

RAMKRISHNA PATEL  
Name of Contact Person

BUX HEALTHCARE, INC.  
Firm/Company

3644 WEBBER STREET,  
Address

SARASOTA, FL, 34232  
City/State and Zip Code

INFO@ FAMILY PHARMACY. ORG.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRUTIKA PATEL at ( 813 ) 966 0177  
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: BUX HEALTHCARE, INC.
2. The principal office address: 3644 WEBBER STREET,  
SARASOTA, FL 34232
3. The mailing address (if different): - AS - ABOVE -
4. Date of incorporation/qualification: 6/11/2012 Document number: P12000052936
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)  
FRANCOISE TROTMAN  
9332 STATE ROAD 54,  
NEW PORT RICHEY, FL 34655
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
RAMKRISHNA PATEL  
255 SUNRISE AVENUE,  
PALE BEACH, FL 33480

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]  
Signature of an officer or director

KEUTKA PATEL, CEO/PRESIDENT  
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]  
Signature of Registered Agent

3/7/2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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