

P13000003704

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2014

MAHER MALAK / G&D ACCOUNTING & TAXES SERVICES
2033 SW 173RD AVE.
MIRAMAR, FL 33029 US

SUBJECT: GEORGE PHARMACY INC.
Ref. Number: P13000003704

We have received your document for GEORGE PHARMACY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 514A00027140

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEORGE PHARMACY INC.

Name of Corporation

DOCUMENT NUMBER: P13000003704

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:

Maher Malak

Name of Contact Person

G&D Accounting & Taxes Services

Firm/Company

2033 SW 173rd Ave.

Address

Miramar, FL 33029

City/State and Zip Code

maher_malak@hotmail.com

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

For further information concerning this matter, please call:

Maher Malak

Name of Contact Person

at (305) 502-8281

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: GEORGE PHARMACY INC.
2. The principal office address: 2566 S ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118
3. The mailing address (if different): 3047 S ATLANTIC AVE., UNIT # 801
DAYTONA BEACH SHORES, FL 32118
4. Date of incorporation/qualification: 01/10/2013 Document number: P13000003704
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)

RANIA T SAAD (Resigned)

950 WILMINGTON DR

DELTONA, FL 32725

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

VIVIAN W KHALIL


3047 S ATLANTIC AVE. UNIT# 801

P.O. Box NOT acceptable

DAYTONA BEACH SHORES, FL 32118

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

VIVIAN W KHALIL (Officer)

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

12/15/2015

Date

If signing on behalf of an entity:

VIVIAN W KHALIL

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

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