

P130000 17033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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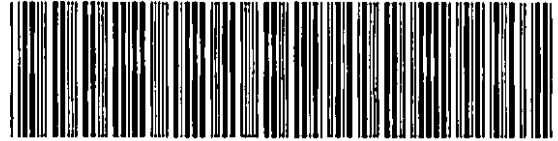
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pharmavise Consulting Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P13000017033

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:

Ricardo Joseph

Name of Contact Person

Pharmavise Consulting Corporation

Firm/Company

1314 E Las Olas Blvd #1568

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

rjoseph@pharmavise.com

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

For further information concerning this matter, please call:

Ricardo Joseph

at (+1786) 4231273

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

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DEPARTMENT OF  
CORPORATIONS  
JAN 10 10 AM '08

**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: Pharmavise Consulting Corporation
2. The principal office address: 1314 E Las Olas Blvd #1568  
Fort Lauderdale, Florida 33301
3. The mailing address (if different): 1314 E Las Olas Blvd #1568, Fort Lauderdale, Florida 33301
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)

Ricardo Joseph

9310 NW 32nd Manor

Fort Lauderdale, FL 33351-7111

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

Ricardo Joseph

1314 E Las Olas Blvd #1568

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

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

Ricardo Joseph-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 of Registered Agent

4/11/2020

Date

If signing on behalf of an entity:

Pharmavise Consulting Corporation

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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