

P14000052903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

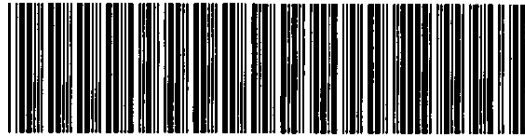
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR - 2 AM 9:50

MAR 10 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OASIS PHARMACY, INC
Name of Corporation

DOCUMENT NUMBER: P14000052903

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:

LEANDRO MARTINEZ LOPEZ

Name of Contact Person

Firm/Company

13339 SW 42 ST

Address

MIAMI FL 33185

City/State and Zip Code

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

For further information concerning this matter, please call:

LEANDRO MARTINEZ

Name of Contact Person

at

(786) 884 3812

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

March 6, 2015

LEANDRO MARTINEZ LOPEZ
13339 SW 42 ST
MIAMI, FL 33185 US

SUBJECT: OASIS PHARMACY, INC.
Ref. Number: P14000052903

We have received your document for OASIS 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 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.

Tina D Carter
Regulatory Specialist

Letter Number: 615A00004688

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

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: OASIS PHARMACY INC
2. The principal office address: 13339 SW 42 ST MIAMI FL 33185
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/17/2014 Document number: P14000052903

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)

LEANDRO MARTINEZ-LOPEZ

13339 SW 42 STREET

MIAMI FL 33185

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

SYLVAN D Wong

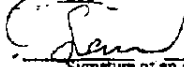
13339 SW 42 Street

P.O. Box NOT acceptable

Miami FL 33185

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

LEANDRO MARTINEZ LOPEZ

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

2/25/2015

Date

If signing on behalf of an entity:

SYLVAN WONG

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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