

P15000042489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

Ra Change

SEP 06 2016

D CUSHING



Back Office Consultants, Inc.

Your Financial and Corporate Compliance Solution

August 17, 2016

Florida Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

On behalf of our clients, enclosed are Statements of Change of Registered Office or Registered Agent for BocaGreenMD, Inc., TherapeuticsMD, Inc., VitaCare Prescription Services, Inc. and VitaMedMD, LLC along with a check for \$130 for the aggregated filing fees.

I have also enclosed a second copy of each filing that I ask that you return it to us to our new address as shown on the self-addressed, stamped envelope provided for that purpose.

If you have any questions regarding these filings, please contact me directly at 863-224-0072.

Sincerely,

Teresa J. Bray
Vice President

Encls.

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TALLAHASSEE, FLORIDA

**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: VitaCare Prescription Services, Inc.
2. The principal office address: 6800 Broken Sound Parkway NW, Suite 100
Boca Raton, FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/11/2015 Document number: P15000042489
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)

Daniel A. Cartwright

6800 Broken Sound Parkway NW, Suite 100

Boca Raton, FL 33487

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

Paracorp Incorporated

155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

Daniel A. Cartwright, Asst. Treasurer

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

07/22/2016

Date

If signing on behalf of an entity:

Sharon Cooke, Assistant Secretary

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)

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TALLAHASSEE, FL