

P15000042489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

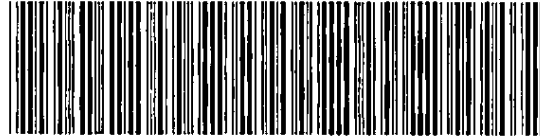
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800387112738

RA & RO change

FILED
MAY -3 AM 9:18

UNIFORMS OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY -3 PM 3:32

RECEIVED

A. RAMSEY

MAY -4 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 655085 8085351
AUTHORIZATION : *Eylien Baker*
COST LIMIT : \$ 35.00

ORDER DATE : May 3, 2022
ORDER TIME : 2:23 PM
ORDER NO. : 655085-015
CUSTOMER NO: 8085351

CHANGE OF AGENT

NAME: VITACARE PRESCRIPTION
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VITACARE PRESCRIPTION SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P15000042489

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:

Monica Wamsley

Name of Contact Person

GoodRx, Inc.

Firm/Company

2701 Olympic Blvd., West Building – STE 200

Address

Santa Monica, CA 90404

City/State and Zip Code

tax@goodrx.com

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

For further information concerning this matter, please call:

Monica Wamsley

Name of Contact Person

at (310)

593-9970

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

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: 951 YAMATO ROAD, SUITE 160
BOCA RATON, FL 33431
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)

PARACORP INCORPORATED155 OFFICE PLAZA DRIVE, 1ST FLOORTALLAHASSEEFL 32301

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

Corporation Service Company1201 Hays StreetP.O. Box NOT acceptableTallahasseeFL 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.

DocuSigned by:

John MilliganSignature of an officer or director
90867E77AE488..JOHN MILLIGANCEO

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.

Corporation Service CompanyBy: Eyler Ben
Signature of Registered Agent5/13/22

Date

If signing on behalf of an entity:

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 (04/13)

2022 MAY -3 AM 9:18
FILED
OFFICE OF THE CLERK
STATE OF FLORIDA