

P1160000 73420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

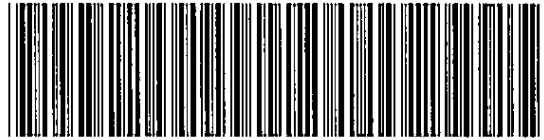
(Business Entity Name)

(Document Number)

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OCT 31 2018

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2018 OCT 23 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHREE HARI PSM INC  
Name of Corporation

**DOCUMENT NUMBER:** P16000073420

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:

Kaushal Desai

Name of Contact Person

Shree Hari PSM/Meadows Pharamcy

Firm/Company

4761 N Congress Ave

Address

Boynton Beach-FL-33426

City/State and Zip Code

meadowspharmacy17@gmail.com

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

For further information concerning this matter, please call:

Kaushal Desai

Name of Contact Person

561- 619-4461

at ( )  
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: Shree Hari PSM Inc
2. The principal office address: 4761 N Congress Ave, Boynton Beach-FL-33426
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/06/2016 Document number: P16000073420
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)

PARMAR, RAJDEEP 6176 boxleaf place Lake worth, FL 33467

Resigned

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


Mrugesh Desai

6176 boxleaf place Lake worth, FL 33467

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

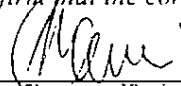
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Pritiben Desai 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

10/15/18

Date

If signing on behalf of an entity:

Mrugesh Desai  
\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

SECRETARY OF STATE  
TALLAHASSEE, FL

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