

P170000005043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

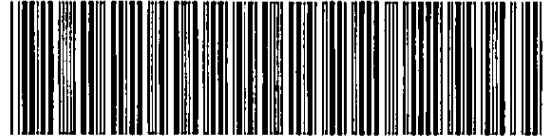
(Business Entity Name)

(Document Number)

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CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper      ami.casper@cscglobal.com

Date: October 9, 2020

Order#: 452230/012

Re: PHARMASYSTEMS, INC.

Enclosed please find:

XX      Change of Registered Agent and Office.

XX      Check in the amount of \$35.

Please take the following action:

XX      File in your office on a routine basis.

XX      Issue Proof of Filing.

XX      Return Regular Mail in the enclosed envelope.

Attn:Ami Casper  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PHARMASYSTEMS, INC.
2. The principal office address: 3119 PONCE DE LEON BLVD UNIT B, CORAL GABLES, FL 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/18/2017 Document number: P17000005043
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)

REGISTERED AGENT SOLUTIONS, INC.

155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE, FL 32301

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

Corporation Service Company

1201 Hays Street

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.

Deepak Abbhi

Signature of an officer or director

Deepak Abbhi

Printed or typed name and title

Director

*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 Company

By: [Signature]

Signature of Registered Agent

10/9/2020

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

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)

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# FL - PHARMASYSTEMS, INC.

Final Audit Report

2020-10-06

Created:	2020-10-06
By:	Bradley robinson (Bradley.robinson@abbhicapital.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAPxl9vuQb0P7-HbbDNhGMthN1zpoXm7M

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-  Document created by Bradley robinson (Bradley.robinson@abbhicapital.com)  
2020-10-06 - 2:09:11 AM GMT- IP address: 66.73.164.101
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