

P17000007831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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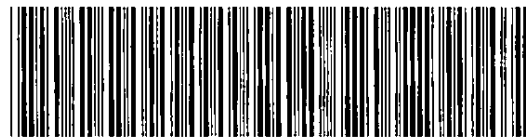
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Crawfordville Pharmacy, Inc
Name of Corporation

DOCUMENT NUMBER: P17000007831

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:

Hiren Patel
Name of Contact Person

Crawfordville Pharmacy Inc
Firm/Company

2650 Crawfordville Hwy Ste 1
Address

Crawfordville FL 32327
City/State and Zip Code

hiren77478@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hiren Patel at (352) 874 9878
Name of Contact Person 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: Crawfordville Pharmacy Inc
2. The principal office address: 2650 Crawfordville Hwy Ste 1
Crawfordville FL 32327
3. The mailing address (if different): 2650 Crawfordville Hwy Ste 1
Crawfordville FL 32327
4. Date of incorporation/qualification: Jan 24, 2017 Document number: ~~P1700000~~ P17000007831
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)

Hiren Patel

1381 Lattimore Drive

Clermont FL 34711

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

Hiren Patel

2650 Crawfordville Hwy Ste 1

P.O. Box NOT acceptable

Crawfordville FL 32327

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.

H Patel
Signature of an officer or director

Hiren Patel
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.

H Patel
Signature of Registered Agent

06/12/17
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