

P19 0000 31867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

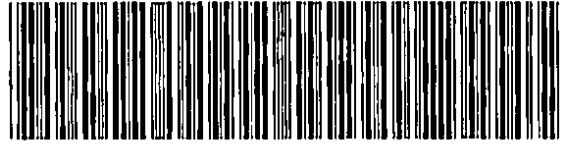
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by Michael Soria
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SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAY 28 PM 4:27

FILED

JUN 10 2019

C Kinse,

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rite Rx Pharmacy Corp

Name of Corporation

DOCUMENT NUMBER: P19000031867

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:

Michael Suro

Name of Contact Person

Firm/Company

6918 Stirling Road

Address

Davie , FL 33024

City/State and Zip Code

Mike@advdme.com

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

For further information concerning this matter, please call:

Michael Suro

Name of Contact Person

954 288-2254

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: Rite Rx Pharmacy Corp
2. The principal office address: 6918 Stirling Road Davie , FL 33024
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/12/2019 Document number: P19000031867

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)

6932 STIRLING RD Michael Suro
HOLLYWOOD, FL 33024

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

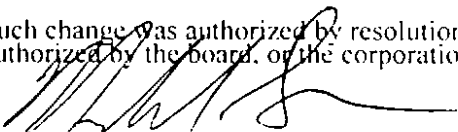
6918 Stirling Road
Davie , FL 33024

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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.

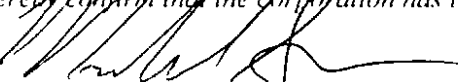


Signature of an officer or director

Michael Suro MGR

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

5/22/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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