

P99 000071490

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McCombs & Associates, P.A.

G. GOLDEN

APR - 4 2018

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Premier Pharmacy Labs Inc  
Name of Corporation

**DOCUMENT NUMBER:** P99000071490

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:

Linda Tucker  
Name of Contact Person

Premier Pharmacy Labs Inc  
Firm/Company

P.O. Box 6510  
Address

Spring Hill FL 34611  
City/State and Zip Code

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

For further information concerning this matter, please call:

Linda Tucker at ( 352 ) 597-4950  
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: Premier Pharmacy Labs Inc
2. The principal office address: 8265 Commercial Way  
Weeki Wachee FL 34613
3. The mailing address (if different): P.O. Box 6510  
Spring Hill FL 34611
4. Date of incorporation/qualification: 08/05/1999 Document number: P990000 71490
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)

Vern Allen

3327 Lake Padgett Dr

Land O'Lakes FL 34639

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

Vern Allen

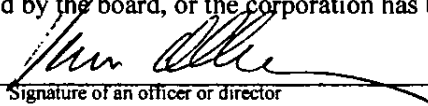
10132 Cabana St

P.O. Box NOT acceptable

Weeki Wachee FL 34607

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

Vern Allen  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Vern Allen

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