## Electronic Filing Cover Sheet

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To:

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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

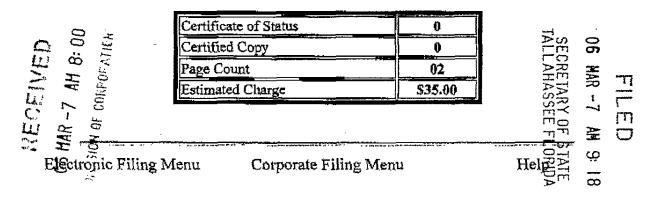
: (850)222-1092

Fax Number

1 (850)878-5926

## REGISTERED AGENT CHANGE

## DRUGMAX.COM, INC.



**学**要点::::::

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FL035 - 25/(4/2005 CT System Online

8502227615

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this
	nge is submitted for a corporation organized under the laws of the State of Florida.  r to change its registered office or registered agent, or both, in the State of Florida.
	<i>"</i>
	the corporation: Drugmax.com, Inc.
2. The principal	office address; 312 Farmington Avenue, Farmington CT 06032
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 09/15/199 Document number: P99000081575
	street address of the current registered agent and registered office on file with the tracent of State:
	Julio C. Esquivel
	101 E Kennedy Bivd, Suite 2800
	Tampa FL 33602
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	CT Corporation System
	c/o C T Corporation System; 1200 South Pine Island Road
'	(P.O. Box NOT acceptable)
·	Plantation, Florida 33324
as changed will	
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
By:	CT Corporation System  SPECIAL AS INSTITUTE STATE OF THE ACTION STATES AND ACTION STATES AND ACTION STATES AND ACTION STATES AND ACTION ACTION AND ACTION AND ACTION AND ACTION ACTION ACTION AND ACTION ACTI
1	(Finish or typed name and (#1e)
I hereby accept I I further agree to of my duties, and document is belr corporation has	the appointment as registered agent and agree to act in this capacity. O comply with the provisions of all statutes relative to the proper and complete performance of an important and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered affice address, I hereby confirm that the been notified in writing of this change.
(Sign	nature of Registered Agent) (Date)
If signing on bel	naif of an entity:
	uiel
	D. V. C. C
21 VP #	Sec Maria Principal Sec
• •	Make checks payable to Florida Department of State ail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314