

Q15000000103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

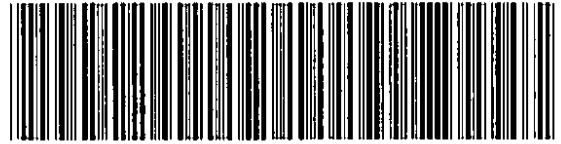
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/19/20--01007--001 **\$5.00

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2021 JAN 19 PM 12: 24

R/He



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2021

ATTN: RACHEL PIETROPOLO
C/O CORPORATION SERVICE COMPANY
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

SUBJECT: INDEPENDENT PHARMACY COOPERATIVE
Ref. Number: Q15000000103

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ALIEN BUSINESS ORGANIZATION FORM PROVIDED AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 321A00000017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington , De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: November 17, 2020

Order#: 504694-005

Re: INDEPENDENT PHARMACY COOPERATIVE

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

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

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. INDEPENDENT PHARMACY COOPERATIVE
(Name of alien business organization)
2. 11/19/2015 3. Q1500000103 4. 39-1500389
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. 1500 COLUMBUS STREET SUN PRAIRIE, WI 53590
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

INCORP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

7. New registered agent and/or office address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

(Note: Registered office must be a Florida street address)

8. The street address of the registered office and the street address of the business office of the registered agent are identical.
9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10. Jill E. Cilmi
(Signature of chairman, vice chairman, or officer)

11. Jill Cilmi, Vice President
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

Grace E. Kirby
(Registered agent accepting appointment)

01/13/2021

(Date)

Grace E. Kirby, Asst. Vice President

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314

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