I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made u	Ind
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ap	эре
above, or on an attachment with all other like empowered.	

I here

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :		
Title	PSD	
Name	JERKINS, KEN M	

SIGNATURE: KEN M JERKINS

Officer/Director Detail :		
Title	PSD	
Name	JERKINS, KEN M	
Address	109 FLAGLER LN	

City-State-Zip: WEST PALM BEACH FL 33407

DOCUMENT# 510211

Entity Name: TRU-VALU DRUGS, INC.

Current Principal Place of Business:

109 FLAGLER LN WEST PALM BEACH, FL 33407

Current Mailing Address:

109 FLAGLER LANE WEST PALM BEACH. FL 33407 US

FEI Number: 59-1680492

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JERKINS, KEN M 109 FLAGLER LN

WEST PALM BEACH, FL 33407 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

nder opears

Date

04/19/2019

FILED Apr 19, 2019 Secretary of State 8141456210CC

Certificate of Status Desired: No

Ρ