

L01000012800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

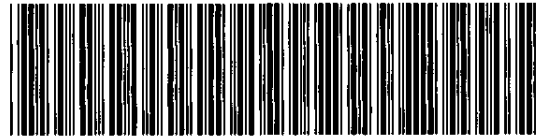
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

2013 FEB - 7 PM 4: 13

13 FEB - 7 AM 9: 57

STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK
FEB - 8 2013
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 501621 4369509

AUTHORIZATION :

Spudde man

COST LIMIT : \$ 25.00

ORDER DATE : January 18, 2013

ORDER TIME : 3:44 PM

ORDER NO. : 501621-203

CUSTOMER NO: 4369509

CHANGE OF AGENT

NAME: MEDCO HEALTH SOLUTIONS OF
HIDDEN RIVER, L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: _____

FILED
13 FEB -7 AM 9:59
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MEDCO HEALTH SOLUTIONS OF HIDDEN RIVER, L.C.

2. (a) Principal office address of limited liability company: 8800 HIDDEN RIVER PARKWAY
 (Note: **MUST BE STREET ADDRESS**) TAMPA FL 33637

(b) Mailing address of limited liability company: 8800 HIDDEN RIVER PARKWAY
 (Note: **MAY BE POST OFFICE BOX**) TAMPA FL 33637

08/01/2001 L01000012800

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

13 FEB - 7 AM 9:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Deb Reeves

(Signature of a member or authorized representative of a member)

Deb Reeves, Authorized Person
 (Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: *Elizabeth A. Dawson*
 (Signature of Registered Agent)

Elizabeth A. Dawson, Asst. Vice President
 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00