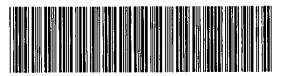
L15000032609

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(expected provided by						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECHEIWAG OF STATE

J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Medco Healthcare Services LLC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
William Wild Name of Person							
Medco Healthcare Services LLC Firm/Company							
Cole Cypress Lake Blud # F							
Pompano Beach FL 33064 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
William Wild at (954) 347-8703							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section							
Division of Corporations Division of Corporations Division of Corporations							
Clifton Building P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2016

SILLIAM WILD 661 CYPRESS LAKE BLVD UNIT F POMPANO BEACH, FL 33064

SUBJECT: MEDCO HEALTHCARE SERVICES LLC

Ref. Number: L15000032809

We have received your document for MEDCO HEALTHCARE SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00014427



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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: Mrdco	Heal	th care	Se	Wices	LLC
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address o (Note: MAY B			
	Cold Cypress Lake Blud # F	p	O. Box	- 11.	51	
	Colol Cypress Cake Blud # F -Pompano Beach FL 33064	Dec	rfield	Bea	ch Fc	<u>3</u> 340
3.	2 18-15 Date of filing/registration in Florida 4.	4/5	Document nu		F09	
				mber		
5. (a)	Registered Agent and Registered Office shown on the records of the Flo					
	Colol Cyprass Lake Blud #	•				
	Registered Office Address (MUST BE FLORIDA STREET ADDR.		-			
	Pompano Beach FL	33065	<u>{</u>			
	,FL	·		S	-	
(b)	William Wild		-		ė n	
. , .	Enter name of NEW Registered Agent and/or NEW Registered Office	address:	-		20	
				##.	e in	
	Sque q5 above NEW Registered Office Address:		-	SIS		
	May registered Office Address.				64	
			-			
	, FL		-			
the char agent w was/we	mited liability company is not organized under the laws of age or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the cless of organization or the operating agreement of the limited.	egistered office y company, it is limited liability ed liability com	e and the busin s hereby confir y company or a npany.	ess office med that as otherw	of the register the change(s) ise provided in	
	re of a member or authorized representative of a member	-Wi	Iliam Printed or typed	<u>W</u>	11d	
	are of a member or authorized representative of a member by accept the appointment as registered agent and agree to					ho
provision the oblimate to mere	ons of all statutes relative to the proper and complete perfo gations of my position as registered agent as provided for ly reflect a change in the registered office address, I hereb in writing of this change.	rmance of my oin Chapter 605 y confirm that	duties, and I are, if the limited liab	n familianis docum	r with and acce ent is being file pany has been	ept ed

Signature of Registered Agent

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