01000098112 Requester's Name *****70.00 *****35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment Not for Profit Resignation of R.A., Officer/Directer Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATIO Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark JAN 1 7 2002 Other

CR2E031(7/97)

Examiner's Initials

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, |
|--|
| the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in |
| the State of Florida. |
| 1. The name of the corporation: AMENICA'S Home Pharmacy, Inc. |
| 1. The name of the corporation |
| 2. The mailing address of the corporation: 1469 Falson wood Ct. |
| Apopka, FL 32712 |
| 3. Date of incorporation/qualification: Oct. 8, 200 Document number: P0/00098//2 |
| 4. The name and address of the current registered agent and office: |
| William F. Poole II _ 景宝工 |
| 195 Weklua Sorings Rd. Suite 2045 = 5 |
| hongwood, FL 32779 |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed); |
| (P. O. Box Not Acceptable) |
| Terry A. Beden |
| 1469 Falconwood ct |
| Apopka, FL 32712 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. |
| 1-9-200ds |
| (Signature of an officer, chairman of vice chairman of the board) (Date) |
| Kimberly D. Beden Pres. & Div. (Printed or typed name and title) |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent. |
| 1-9-2002 |
| (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Capacity) |
| * * * FILING FEE: \$35.00 * * * |

CR2E045(9/00)