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Florida Department of State
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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH, LLP - JACKSONVILLE
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cynthia.hudock@thehcigroup.com

**REGISTERED AGENT CHANGE
HEALTHCARE RETAIL INSIGHTS, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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4/6/17

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HealthCare Retail Insights, Inc.
- 2. The principal office address: 1210 Journeys End Lane, Jacksonville, FL 32223
- 3. The mailing address (if different): 714 Folly Hill Road, Kennett Square, PA 19348
- 4. Date of incorporation/qualification: January 20, 2017 Document number: F17000006900

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nelson Mullins Riley & Scarborough, L.L.P.
Attn: Kelly E. Dunn, 50 North Laura Street, 41st Floor
Jacksonville, FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cynthia Petrone-Hudock, Director
14030 Atlantic Blvd Unit 1310
P.O. Box NOT acceptable
Jacksonville, FL 32225

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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, of the corporation has been notified in writing of the change.


 Signature of officer or director

Richard A. Caplin, Director
 Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


 Signature of Registered Agent

March 27, 2017
 Date

If signing on behalf of an entity:

 Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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