## F07000003574

(F	Requestor's Name)
(/	\ddress)
( <i>f</i>	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
. (E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

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Change

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TALLAHASSEE. FLORIDE

12/23/10



ACCOUNT	NO.	:	1200000001	95

REFERENCE : 600784

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 7, 2010

ORDER TIME : 2:55 PM

ORDER NO. : 600784-259

CUSTOMER NO: 7765516

## CHANGE OF AGENT

NAME: RX PRO HEALTH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	unge is submitted for a corporation organ	22, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Colorado	
	• • •	ered agent, or both, in the State of Florida.	
1. The name of	the corporation: RX PRO HEALTH, I	INC.	
2. The principal	office address: 2601 Blake Street, Sui	ite 400, Denver, CO 80205	
3. The mailing a	address (if different): Legal Departmen	nt, 12400 High Bluff Drive, , San Diego, CA	92130
4. Date of incorp	poration/qualification: 07/13/2007	Document number: F07000003574	
	d street address of the current registered a tment of State:	gent and registered office on file with the	
	NRAI Services, Inc.	CRET	; =
	2731 Executive Park Drive, Suite 4	ASSE ASSE	
	Weston, FL 33331	mg Tu	
6. The name and (if changed):	l street address of the new registered ager	nt (if changed) and /or registered office	FILEU
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)	)	
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered ag	gent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an officer so stified in writing of the change.	
Blan	in Krol	Blanca Lozada, Attorney in Fact	
(Signature) I hereby accept I further agree I of my duties, an document is bein corporation has	the appointment as registered agent an to comply with the provisions of all state of I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) d agree to act in this capacity. utes relative to the proper and complete perform igation of my position as registered agent. Or, i e registered office address, I hereby confirm tha	iance If this it the
By: Sorporation	on Service Company	December 8, 2010	
	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	y, Assistant VP		
(Т	'yped or Printed Name)	77. 025.00 4.4.4	
	* * * FILING FE	Æ: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)