

F07000006156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

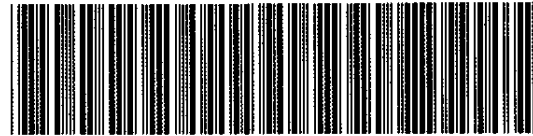
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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08 JUL 16 AM 10:44
2008 JUL 16 PM 2:43
DIVISION OF CORPORATIONS SECRETARY OF STATE
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

OR
7/16/08



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 646357 7579968

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : July 14, 2008

ORDER TIME : 10:17 AM

ORDER NO. : 646357-140

CUSTOMER NO: 7579968

CHANGE OF AGENT

NAME: USBENEFIT PLAN RX AMERICA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

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

1. The name of the corporation: USBENEFIT PLAN RX AMERICA INC.
2. The principal office address: 16476 Chesterfield Airport Road, Chesterfield, MO 63017
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/17/2007 Document number: F07000006156

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporate Creations Network, Inc.

11380 Prosperity Farms Road #221E

Palm Beach Gardens, FL 33410

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

Corporation Service Company

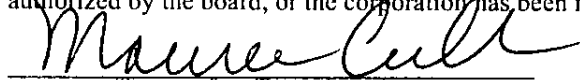
1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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


(Signature of an officer or director)

Maureen Cullen, Attorney in Fact
(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.

Corporation Service Company

By: 
(Signature of Registered Agent)

July 11, 2008

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP

(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

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA

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