F08000000554

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(Requestor's Name)			
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(Cit	ty/State/Zip/Phon	e #)	
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
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(DC	cument Number)		
Certified Copies	Certificate	s of Status	
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Special Instructions to Filing Officer:			

Office Use Only



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Ra Change

5/2/13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 23, 2013

Order#: 610552-110

Re: DISPENSING SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of <mark>Delawa</mark> r registered agent, or both, in the State of Florida	are
1. The name of t	he corporation: DISPENSING SO	LUTIONS, INC.	
		Boulevard, Jacksonville, FL 32216	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 02/06/2008	B Document number: F08000000554	ļ
	street address of the current regis	stered agent and registered office on file with the resigned)	
	NRAI Services, Inc.		
	515 E. Park Avenue		
	Tallahassee, FL 32301		13 73
6. The name and (if changed):	Tallahassee, FL 32301 name and street address of the new registered agent (if changed) and /or registered office ananged):		
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box NOT acceptable		
	Tallahassee, FL 32301	 	
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its regist	tered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	so
(106 d	Dona Priebe, Vice President	
ū	re of an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. All statutes relative to the proper and complete A and accept the obligation of my position as reg to reflect a change in the registered office addr tified in writing of this change.	zistered ess, I
By: X	ro Cokubio	April 15, 2013	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Grace E. Kirby,	Assistant Vice Presidetn		
Ту	ped or Printed Name		

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

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