## F100000002209

| (Requestor's Name)                      |                       |  |  |  |  |  |
|---|-----------------------|--|--|--|--|--|
| (Address)                               |                       |  |  |  |  |  |
| . (Address)                             |                       |  |  |  |  |  |
| (City/State/Zip/Phone #)                |                       |  |  |  |  |  |
| PICK-UP V                               | VAIT MAIL             |  |  |  |  |  |
| (Business Entity Name)                  |                       |  |  |  |  |  |
| (Document Number)                       |                       |  |  |  |  |  |
| Certified Copies Ce                     | ertificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |                       |  |  |  |  |  |
|   | :                     |  |  |  |  |  |
|   |                       |  |  |  |  |  |
|   |                       |  |  |  |  |  |

Office Use Only



400299413474

05/25/17--01020--026 \*\*35.00

2017 HAY 25 PH 4: I

C. GOLDEN MAY 3 0 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 23, 2017

Order#: 654316-020

Re: SCRIPTPRO USA INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35...

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: Ami Casper 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

| in orde   | er to change its registered o   | office or registered agen  | er the laws of the State of Kar<br>1, or both, in the State of Flor  |   | <del></del> |             |
|---|---|--|--|---|-------------|-------------|
| 1. The name of  | the corporation: SCRIPTP  | RO USA INC.  |  | -                                       | -           |             |
| 2. The principal  | office address: 5828 Reed   |  | 66202  |   |             |             |
| 3. The mailing a  |   |  |  |   |             |             |
| 4. Date of incor  | poration/qualification: 05/   | /11/2010 Do  | cument number: F10000002   | 209                                     |             |             |
|   | d street address of the curre<br>runent of State: (If resigned  |  | registered office on file with the   | ne                                      |             |             |
|   | C T Corporation System  |  |  |   |             |             |
|   | 1200 South Pine Island R  | load   | &  | 9<br>19 100                             | 75          |             |
|   | Plantation, FL 33324  |  |  |   | 2017 HAY    |             |
| 6. The name and (if changed):   | I street address of the new r   | registered agent (if chan  | ged) and /or registered office   | ASSEE.                                  | 25          | FLED        |
|   | Corporation Service Com   | pany   | Servi dinera   | (D = 1)<br>(L) (1)<br>(L) (1)           | PH 4:       |             |
|   | 1201 Hays Street  |  |  | RIDA<br>RIDA                            | 6           |             |
|   | Tallahassee   | P.O. Box: NOT acceptable   | FL 32301   |   |             |             |
|   |   |  |  |   |             |             |
| The street addre<br>as changed will   | ess of its registered office a<br>be identical.   | ind the street address of  | the business office of its reg   | istered a                               | gent,       |             |
| Such change wa  | is authorized by resolution<br>te board, or the corporation   | duly adopted by its boo<br>that been notified in w   | rd of directors or by an offic<br>riting of the change.  | er so                                   |             |             |
|   | e of an officer or director   | <u>Laire</u>   | Printed or typed name and till   | <u>xecuti</u>                           | ec Vi       | ce Presiden |
| I hereby accept<br>I further agree to<br>berformance of<br>agent. Or, if this<br>liereby confurn<br>Corporation | the appointment at registe o comply with the provision by duties, and I am familia s document is being filed in that the corporation has been Soryice Company | red agent and agree to<br>ons of all statutes relativary<br>ar with and accept the operation of the control of the co | act in this capacity,<br>we to the proper and complete<br>obligation of my position as r<br>ge in the registered office add<br>if this change, | r<br>egisterec<br>drèss, I              | 1           |             |
| By:   | nature of Registered Agent  |  | 5 135 13011  | *************************************** | Mary Mary   |             |
|   | nalf of an entity:  |  |  |   |             |             |
| • -   | Asst. Vice President  |  |  |   |             |             |
| Tv  | ped or Printed Name   |  |  |   |             |             |

\* \* \* FILING FEE: \$35.00 \* \* \*
HECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE