F13000001511

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
ertified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500355795855

01/08/21--01007--015 **35.00

ET 16 Hr 3- NT 16

Bomonds



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: January 5, 2021

Order#: 587695-068

Re: CPS TELEPHARMACY, 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

251 Little Falls Drive 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	provisions of sections 607.0502, 6 inge is submitted for a corporation r to change its registered office or	i organized under the lav	vs of the State of Ten	nessee
	the corporation: CPS TELEPHAR		н, т те мане ој 1 юта	12.
	office address: 6409 Quail Hollov		8120	
2. The principal	office dadress			
3. The mailing a	ddress (if different): 5050 Brader	nton Avenue, Dublin, OF	43017-3520	
	poration/qualification: 04/05/2013			11
	I street address of the current regis tment of State: (If resigned, enter		d office on file with the	e
	C T Corporation System			
	1200 S. Pine Island Road			
	Plantation	FL	33324	2 ¹
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and	I /or registered office	21 JAN -8
	Corporation Service Company			/ No.
	1201 Hays Street			9 H 9: 1-73
	Tallahassee	P.O. Box NOT acceptable	32301	- - -
The street addre	ess of its registered office and the be identical.	· · · · · · · · · · · · · · · · · · ·		istered agent.
Such change was authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of deen notified in writing o	lirectors or by an offic of the change.	er so
Xie	. E. almi	Jill Cilmi, Vice	President	
I hereby accept I further agree to of my duties, an document is bei- corporation has	the appointment as registered as to comply with the provisions of a lam familiar with and accept to filed merely to reflect a change been notified in writing of this company to the complete and	gent and agree to act in t all statutes relative to the he obligation of my post ge in the registered office	e proper and complete	performance ont. Or, if this onfirm that the
By: U	*Service Company	01/05/2021		
	nature of Registered Agent half of an entity:		Date	
Ami M. Casper	, Asst. Vice President	-		

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