

F13000002185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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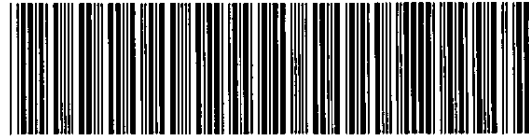
(Business Entity Name)

(Document Number)

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DATE: 11/21/14

NAME: CONTRACT PHARMACY SERVICES, INC

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ARBIE/PAUL HODGE

*Arbie Hodge*

**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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONTRACT PHARMACY SERVICES, INC.
2. The principal office address: 125 Titus Avenue Warrington PA 18976
3. The mailing address (if different): 125 Titus Avenue Warrington PA 18976
4. Date of incorporation/qualification: May 20, 2013 Document number: F13000002185
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

**Business Filings Incorporated**

515 E. Park Avenue  
Tallahassee, FL 32301

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

National Corporate Research, Ltd., Inc.

155 Office Plaza Drive

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.

Wayne J. Shafer  
Signature of an officer or director

WAYNE J. SHAFER, CEO  
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.

Sean Honan  
Signature of Registered Agent

11/21/2014  
Date

If signing on behalf of an entity:

**Sean Honan, Assistant Secretary**

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 (03/12)

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