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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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Office Use Only



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MAR J 5 2016 C. CARROTHERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 9, 2016

Order#: 037485-072

Re: DIPLOMAT PHARMACY, 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: Grace Kirby 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

Pursuant to the	provisions of sections 607.0502, 617.	0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of cha	ange is submitted for a corporation or	ganized under the laws of the State of MI	<del>_</del>
in orde	r to change its registered office or reg	gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: DIPLOMAT PHARM	ACY, INC.	
2. The principal	office address:		
4100 S. Sag	inaw Street, Flint, MI 48507		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 09/10/2013	Document number: F13000003882	
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	Business Filings Incorporated	·	
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	
	Corporation Service Company	> cs	201
	1201 Hays Street	(== fm) 	6 HAR
	P.O. Box	NOT acceptable	<del>20</del> ,
	Tallahassee	FL 32301 55元 元	- i
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its registered age	:
Such change was authorized by the	as authorized by resolution duly ador be board, or the corporation has been	oted by its board of directors or by an officer square notified in writing of the change.	37
×	xee & Gome	Jill Cilmi, Vice President	
Signard	re If an officer or director	Printed or typed name and title	_
I further agree in performance of agent. Or, if the hereby confirm	my duties, and I am familiar with an	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, l	
By: Drage		March 9, 2016	<u> </u>
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
T	yped or Printed Name		

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