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(Re	equestor's Name)							
(Ac	ddress)							
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL MAIL						
(Bu	usiness Entity Nam	ne)						
(Document Number)								
Certified Copies	_ Certificates	of Status						
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NAR 24 7016 T. LEMIEUX



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: March 16, 2016

Order#: 053726-013

Re: MEDSAVE SERVICES, 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

statement of cha	provisions of sections 607.0 inge is submitted for a corp r to change its registered oj	oration organized un	der the la	ws of the S	tate of D	elaware	
	he corporation: Medsave S		J, O	,	une of the	o. 200	
	office address: 49 Wireless		auppauge	, NY 11788	3		
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 05/2	1/2014	Ocument	number: F	1400000	2247	
	I street address of the currer tment of State: (If resigned,		d registere	ed office or	n file with	h the	
	INCORPORATING SERV	/ICES LTD					
	1540 Glenway Dr.						
	Tallahassee,		FL	32301			
6. The name and (if changed):	I street address of the new re		anged) an	d /or regist	eredoffic	9102	النائية
	Corporation Service Comp	pany		 .	TARY IABSE	MAR 18	-
		P.O. Box NOT acceptable	e		ار الد تاریخ	Ū	111
	Tallahassee		FL	32301	EST.	Ÿ	
The street addre	ess of its registered office a be identical.	nd the street address	of the bu	siness offi	ce of its	co re gis tere	ed agent,
	s authorized by resolution te board, or the corporation	duly adopted by its lands has been notified in	board of d writing o	lirectors or	by an of	fficer so	
Mgnatu	re of an officer or director		len M	Ouller ed or typed nam	CEO he and title		
I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registe o comply with the provision my duties, and I am familia s document is being filed nat the corporation has be n Service Company,	ns of all statutes rela ar with and accept th nerely to reflect a ch een notified in writin	ative to the obligate ange in the graph of this contraction of this contraction of the co	e proper a ion of my p ie registere thange.	nd comploosition a ed office	address,	ered , I
By: Sign	nature of Registered Agent	$\frac{1}{2}$	navo	Date	190	16	
If signing on bel	half of an entity:	\mathcal{I}					
Grace E. Kirby,	Assistant Vice President						
Ty	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 * * *