F98000004768

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	; #)
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv

4



11/20/09--01008--003 **35.00





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 Statu statement of change is submitted for a corporation organized under the laws of the State of					tutes, this IOWA		
in order to change 1. The name of the	ge its registered office or registered agent, he corporation:	or both, in the State of	Florida.				
	CARE PURCHAS	ING SERVICES, II	NC.				
2. The principal	office address:	-					
400 LOCUST STREET, SUITE 820		DES MOINES	<u>s ia</u>	5030	50309-2334		
3. The mailing ad	ddress (if different):						
4. Date of incorp	. Date of incorporation/qualification: 08/21/1998 Document number: F980				00004768		
5. The name and Florida Depart	street address of the current registered age tment of State:	ent and registered offic	e on file with the				
	C T CORPORA	TION SYSTEM		₽% ₽	160		
1200 SOUTH PINE ISLAND ROAD					09 NOV 20	۲ ۲	
	PLANTATION	FL	33324	SSEE		ILED	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or re	gistered office	FLORIDA	AM 9: 32	0	
	National Corporate	Research, Ltd., Inc	•		-		
		ark Avenue					
		OT acceptable)					
	Tallahassee	Florida	32301				
The street addre as changed will	ss of its registered office and the street as be identical.	ddress of the business	office of its reg	istered ag	ent,		

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.

(Suphature of an officer or director)

KATHY A. BUTLER POWER OF ATTORNEY

10/22/09

(Date)

(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.

Asst. Sec. (Signature of Registered Agent)

If signing on behalf of an entity:

NATIONAL CORPORATE RESEARCH, LTD.

(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

STATE OF IOWA) COUNTY OF POLK)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT, Rebecca S. Stoll, Assistant Secretary of LCS Holdings, Inc., an Iowa corporation, ("the Company"), and of the subsidiary entities shown on the list appended hereto, does hereby appoint Janine Bequette, Lucy Dawson or Kathy Butler, Assistant Secretary of National Corporate Research, Ltd., attorney-in-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, in the case of entities having managers or other positions of authority rather than officers such as Authorized Person, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the earliest to occur of (i) completion and filing of the documents necessary to effect the change in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to National Corporate Research, Ltd.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 12th day of October, 2009.

LCS HOLDINGS, INC. en de la companya de Companya de la company Leca S. Stole Rebecca S: Stoll

Subscribed and sworn to before me this 12^{th} day of $(2 + 1)^{10}$, 2009.



Assistant Secretary