

**L02000027644**

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**REGISTERED AGENT CHANGE**

**MEDCO SOLUTIONS, LLC**

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FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

October 23, 2002

MEDCO SOLUTIONS, LLC  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34605

SUBJECT: MEDCO SOLUTIONS, LLC  
REF: L02000027644

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Diane Cushing  
Corporate Specialist

FAX Aud. #: H02000214911  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR**

Pursuant to the provisions of sections 609, Florida Statutes, this statement of change is submitted for a LLC organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: MEDCO SOLUTIONS, LLC
- 2. The principal office address: 8211 Winter Street  
Brooksville, FL 34613
- 3. The mailing address (if different): 6043 Valley Spring Drive  
Brooksville, FL 34601
- 4. Date of incorporation/qualification: 10/18/02 Document number: L02000027644
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Thomas S. Hogan, Jr.  
20 South Broad Street  
Brooksville, FL 34605

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Todd Wilkerson  
6043 Valley Spring Drive  
(P.O. Box or personal mailbox NOT acceptable)  
Brooksville, FL 34601

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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.

Todd Wilkerson Todd Wilkerson  
(Signature of an officer, chairman or vice chairman of the board) (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.*

Todd Wilkerson 10/21/02  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
 \_\_\_\_\_  
(Typed or Printed Name) (Capacity)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314