

Division of Corporations

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L0400000436
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LLC REGISTERED AGENT CHANGE
COLLEGE PARK DRUGSTORE, LLC**

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D. BRUCE

AUG 23 2012

EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: COLLEGE PARK DRUGSTORE, LLC

2. (a) Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) 1350 Orange Avenue, Suite 100
Winter Park, Florida 32789

(b) Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX)

01/05/2004

L04000000436


3. Date of filing/registration in Florida

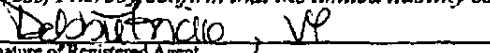
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: WILLIAM C. DEMETREE FAMILY OFFI
Registered Office Address: 1350 ORANGE AVENUE
SUITE 100
WINTER PARK, FL 32789

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: WHWW, INC.
NEW Registered Office Address: 390 N. ORANGE AVENUE, SUITE 1500
(MUST BE FLORIDA STREET ADDRESS) ORLANDO FL 32801
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member
MARY L. DEMETREE, MANAGER
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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