

L06000074054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

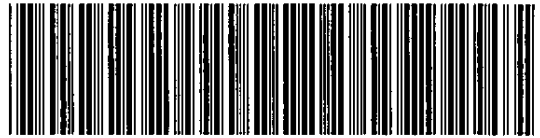
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC -9 AM 10:44

T. HAMPTON

DEC 10 2008

EXAMINER



December 8, 2008

Registered Agents  
Legal Services, LLC

1220 N. Market Street  
Suite 806  
Wilmington DE 19801  
(302) 427-6970  
(800) 400-6650  
(302) 421-5753 [fax]  
info@IncLegal.com [email]  
www.IncLegal.com

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Rxpert Inc.; Rxpert #1 LLC, Rxpert #3 LLC, Advanced Medical Solutions, LLC

Dear Sir/Madam,

Enclosed you will find the applications for Change of Registered Agent and our check in the amount of \$100.00 to cover your filing fees. Please fax and mail the filed evidence to the following:

Fax : 302-421-5753

Registered Agents Legal Services, LLC  
Attn: Terry Scaglione  
1220 N. Market Street, Suite 806  
Wilmington, DE 19801

If you have any questions, please call me at 800-400-6650. Thank you.

Sincerely,

Terry Scaglione  
Incorporating Specialist

**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: Rxpert #3 LLC
2. (a) Principal office address of limited liability company: 7272 Wurzbach Road  
Suite 901  
San Antonio, TX 78240  
*(Note: **MUST BE STREET ADDRESS**)*
- (b) Mailing address of limited liability company: 7272 Wurzbach Road  
Suite 901  
San Antonio, TX 78240  
*(Note: **MAY BE POST OFFICE BOX**)*
3. Date of filing/registration in Florida: 07/26/2006
4. Document number: L06000074054
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Robertson, Andrew A.  
Registered Office Address: 4239 Sunbeam Rd., Suite 1  
Jacksonville, FL 32257

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:  
*(**MUST BE FLORIDA STREET ADDRESS**)*

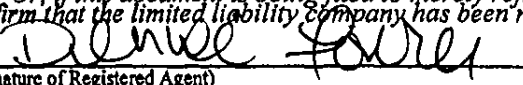
Registered Agents Legal Services, LLC  
155 Office Plaza Drive, Suite A  
Tallahassee, FL 32301

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)

Ruben Flores Jr. Manager  
(Printed or typed name of signee)

*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