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Account Number : 120140000108

: (914)949-9188

Phone

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REGISTERED AGENT CHANGE T C MEDICAL SUPPLY, LLC

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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 605.0114 or 605.0116, 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. Na	ame of the limited liability company:		
2. (a)	220 W GERMANTOWN PK #250	(b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PLYMOUTH MEETING PA 19462		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	12/17/2007 Date of filing/registration in Florida		D00125049 Document number
5, (a)	Joseph P Russell		
(7	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 3325 Bartlett Blvd Registered Office Address GAUST BE FLORIDA STREET ADDRESS		of State:
	Orlando , F	L_32811	
(b)	United Corporate Services, Inc.		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
	3458 Lakeshore Drive		
	NEW Registered Office Address:		
	Tallahassee , F	L	· .
change agent v was/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited letter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered off iability compan of the limited l	ice and the business office of the registered - y, it is hereby confirmed that the change(s) iability company or as otherwise provided in
	iane Siegel	Diane Sie	
I here provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	ree to act in this performance of ed for in Chapte hereby confirm	Printed or typed name of signoe is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
	hael A. Barr		
Signatu	re of Registered Agent		