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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: December 23, 2013

Order#: 919755/217

Re: PHARMANET/I3 STRATEGIC RESOURCING FLEX, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Morgan Kennedy

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

2013 DEC 26 FM 1: 02

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: PHARMAN | NET/I3 STRATEGIC RESOURCIN | IG FLEX, LLC | ·· |
| 2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS) | npany: 1001 E. Palm Avenue | | |
| (| Tampa | FL 33605 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 1 Van De Graaff Drive 6th Floor | | |
| (More, MAIL BET OUT OF FICE BOX) | Burlington, MA 01803 | 7:0 B | |
| 09/30/2008 | L08000111918 | 22 6 | |
| 3. Date of filing/registration in Florida | Document number | 28 | |
| 5. (a) Registered Agent and Registered Office show | | | |
| Registered Agent: | C T Corporation System | \$55. E | |
| Registered Office Address: | 1200 S. Pine Island | \$ N | |
| | Plantation | FL 33324 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | Corporation Service Comp | | |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | | |
| (MOST DE LEGRIDA STREET ADDRESS) | Tallahassee | ,FL 32301 | |
| If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as off the operating agreement of the limited liability company. /s/ Dona Priebe | the Florida street address of the identical. Or, in the case of a large(s) was/were authorized by the articles herwise provided in the articles | e registered office Florida limited an affirmative vol | te of |
| Signature of a member or authorized representative of a member | | | |
| Dona Priebe, Authorized Person Printed or typed name of signee | | | |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of its Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con | and agree to act in this capacit he proper and complete perfori my position as registered agent to merely reflect a change in th mpany has been notified in writ | y. I further agree mance of my dution as provided for it we registered offic ting of this chang | es, es, in e e. |
| Signature of Registered Agent Corporation Service Compa | any Sylvia Queppet, Assistar | nt Vice President | |
| Co.polation Colline | | | |

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