*L10000089249

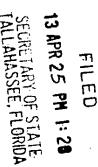
(Requestor's Name)
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K.SALY EXAMINER APR 3 0 2013



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 23, 2013

Order#: 610552/299

Re: SCRIP PAK, 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:Vera M. Norris 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

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: SCRIP PAK,	LC		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	npany: 4345 Southpoint Boulevard Jacksonville, FL 32216		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4345 Southpoint Boulevard Jacksonville, FL 32216	0 15 TO TO	
08/24/2010	L10000089249	SSS T	
3. Date of filing/registration in Florida	4. Document number	E. E. S. F.	
5. (a) Registered Agent and Registered Office shown of		Dept. of Stage	
Registered Agent:	NRAI Services, Inc.	NRAI Services, Inc.	
Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	W Registered Office address: Corporation Service Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
	Tallahassee	,FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	Florida street address of the entical. Or, in the case of a Fulsion was/were authorized by a wise provided in the articles	registered office	
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 and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacit proper and complete perfori position as registered agent merely reflect a change in th any has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	
By: Signature of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. VF)	

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