

L1000013017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

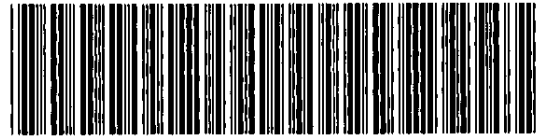
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JAN - 9 2013

L. SELLERS

Office Use Only



000243161270

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JAN -8 AM 11:01
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 JAN -8 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 467886 6729A

AUTHORIZATION :

COST LIMIT : \$ 25.00

A handwritten signature in dark ink, appearing to read "Lynne Deane", is written over the "AUTHORIZATION" and "COST LIMIT" fields.

ORDER DATE : December 20, 2012

ORDER TIME : 4:20 PM

ORDER NO. : 467886-095

CUSTOMER NO: 6729A

CHANGE OF AGENT

NAME: A PLUS DRUG WHOLESALE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER: _____

FILED
13 JAN -8 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: A PLUS DRUG WHOLESAL, LLC

2. (a) Principal office address of limited liability company: 550 Technology Park
Suite 1016
Lake Mary, FL 32746
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 550 Technology Park
Suite 1016
Lake Mary, FL 32746
(Note: MAY BE POST OFFICE BOX)

12/21/2010

L10000130117

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: David L Schick, Esq.

Registered Office Address: 200 South Orange Avenue, Suite 2300
Suntrust Center
Orlando, FL 32801-3432

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

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)
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.

Axiom Healthcare Pharmacy, Inc. - Member

By: Dorothy D. Roberts
(Signature of a member or authorized representative of a member)

Dorothy D. Roberts
(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.

By: Grace E. Kirby
(Signature of Registered Agent) Corporation Service Company Grace E. Kirby, Asst. VP

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