*1100000002187

(Re	questor's Name)	
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
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K.SALY EXAMINER OCT -8 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: October 3, 2013

Order#: 828414-045

Re: MCKESSON HEALTH SOLUTIONS LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.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: MCKES	SON HEALTH SOLUTIONS LLC
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	company: One Post Street San Francisco, CA 94104
(b) Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	y:
10/16/2000	M00000002187
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shared Registered Agent:	own on the records of the Florida Dept. of State: The Prentice-Hall Corporation System, Inc.
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> :	d/or NEW Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
and the business office of the registered egent will	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signee Liberary accept the appointment as registered age	ent and agree to act in this capacity. I further agree to
comply with the provisions of all statules relative and I am familiar with and accept the obligations. Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability. By:	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
Signature of Registered Agent Corporation Service Cor	npany Sylvia Queppet, Asst VP

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