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To:

Division of Corporations

Fax Number : (850)617-6383

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JAN 23 2018

From:

Account Name : REGISTERED AGENT GOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone : (888)706-7274 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

mail Address:	

## LLC REGISTERED AGENT CHANGE GUARDIAN PHARMACY OF JACKSONVILLE, LLC

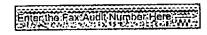
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## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJEC	T: GUARDIAN PHARM	IACY (	OF JACKSONVILLE, LLC
	Namo	of Limited	Liability Company
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered Offic	e Change a	nd fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this	matter to t	he following:
MAR	GOT MULLIN		
	Name of Person		<u> </u>
Registe	ered Agent Solutions, Inc.		
	Firm/Company		
1701 D	irectors Blvd, Suite 300		
	Address		
Austin,	TX 78744		
	City/State and Zip Code		
	@rasi.com		
——————————————————————————————————————	nail address: (to be used for future ann	ual report n	otification)
For furth	ner information concerning this matter,	please call	
MAF	RGOT MULLIN	888 _ at (	705-7274  Area Code & Daytime Telephone Number
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	C	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

: 11

## 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.

	(b)		limited liability company:		
Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	Mailing address of (Note: MAY BE	limited liability company:  POST OFFICE BOX)		
8001 BELFORT PARKWAY SUITE 160 JACKSONVILLE, FL 32256		1776 PEACHTREE RD NW SOUTH TOWER, SUITE 500 ATLANTA, GA 30309			
09/22/2004	M	04000003945			
Date of filing/registration in Florida	4	Document nun	nber		
Registered Agent and Registered Office shown on the re					
Registered Agent and Registered Office shown on the re	cords of the Florida De	pt, of State:			
NATIONAL REGISTERED A	GENTS, INC		- 01V		
Registered Office Address (MUST BE FLORIDA S			SELVICE TARY IVISION OF CO		
1200 SOUTH PINE ISLAND ROAD			2000年		
PLANTATION, FL 33324	. *		2		
, =,,					
			AH 10: 38		
Enter name of NEW Registered Agent and/or NEW F		<del></del>	<b>5</b>		
Enter name of NEW Registered Agent and/or NEW F	evistered Office addre	<u>ss</u> :	w GF		
Registered Agent Solutions, Inc.			<b>∞</b> <del>7,</del>		
NEW Registered Office Address:					
155 Office Plaza Dr., Suite A					
Tallahassee	, FL 32301				
limited liability company is not organized und nange or changes are made, the Florida street ac will be identical. Or, in the case of a Florida livere authorized by an affirmative vote of the mitcles of organization or the operating agreement DAVID K. MORRIS	er the laws of the St Idress of the registe imited liability comembers of the limite int of the limited lial	ate of Florida, it is here red office and the busin pany, it is hereby confi- ed liability company or bility company. ID K. MORRIS	rmed that the change(s)		
nature of a member or authorized representative of a mem	net		er agree to comply with the am familiar with and accept his document is being filed bility company has been		

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

Justine Karnell

Signature of Registered Agent Assistant Secretary