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(Red	uestor's Name)	
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(City	//State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
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(Doc	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	
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SECRETARY OF STATE
MICANASSEE FLORIDA

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#: 828414-085

Re: MCKESSON SPECIALTY DISTRIBUTION 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 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: MCKESSON SPE	ECIALTY DISTRIBUTION LLC	<u> </u>
2. (a) Prin	cipal office address of limited liability company	1220 Senlac Drive	<u> </u>
(<u>1V</u>	ote: MUST BE STREET ADDRESS)	Carrollton, TX 75006	3 1
(b) Mai	ling address of limited liability company: ote: MAY BE POST OFFICE BOX)		SS TE
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12/13/2004		M0400005604	る。
3. Date of	filing/registration in Florida	4. Document number	77
5. (a) Reg	istered Agent and Registered Office shown on the	he records of the Florida De	ept. of State:
Reg	istered Agent:	The Prentice-Hall Corporation	on System, Inc.
Reg	istered Office Address:	1201 Hays Street Tallahassee, FL 32301	
	er name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>W</u> Registered Agent:	V Registered Office addre	_
	W Registered Office Address:	1201 Hays Street	
<u>(MU</u>	UST BE FLORIDA STREET ADDRESS)		
		Tallahassee	,FL_32301
and the bus liability con the member the operatin	d liability company is not organized under the la hat after the change or changes are made, the Floiness office of the registered agent will be identified in the change (s) is of the limited liability company or as otherwising agreement of the limited liability company.	tws of the State of Florida, orida street address of the recal. Or, in the case of a Flowas/were authorized by an e provided in the articles of	it is hereby egistered office orida limited affirmative vote of f organization or
_	•		
Printed or type	e, Authorized Person d name of signee	•	
I hereby accomply with and I am far Chapter 606 address, I h	cept the appointment as registered agent and ag the provisions of all statutes relative to the pro miliar with and accept the obligations of my pos 8, F.S. Or, if this document is being filed to mer ereby confirm that the limited liability company	ree to act in this capacity. per and complete performa ition as registered agent as ely reflect a change in the i has been notified in writin	I further agree to ince of my duties, s provided for in registered office g of this change.
By: Signature of Re	in Chieffer		
	Corporation Service Company	Sylvia Queppet, Asst VP	

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