## \*1105000000754

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		İ

Office Use Only



700252254607

10/07/13--01026--013 \*\*25.00

3 OCT -7 PH 5: 16

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#: 828414-095

Re: MOORE MEDICAL 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: MOORE N	MEDICAL LLC
2. (a) Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS)	mpany: 1690 New Britian Ave Farmington, CT 06032
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
2/4/2005	M05000000754
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:
Registered Agent:	The Prentice-Hall Corporation System, Inc.
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
(b) Enter name of <b>NEW Registered Agent</b> and/o	r NEW Registered Office address:
NEW Registered Agent:	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 unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of i Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office upany has been notified in writing of this change.
By: Signature of Registered Agent Corporation Service Compa	

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