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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 501621

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: January 18, 2013

ORDER TIME : 3:43 PM

ORDER NO. : 501621-159

CUSTOMER NO: 4369509

CHANGE OF AGENT

NAME: MEDCO AT HOME, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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.

in the State of Florida.	
1. Name of the limited liability company: MEDCO A	T HOME, L.L.C.
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 100 Parsons Pond Drive Franklin Lakes, NJ 07417
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	100 Parsons Pond Drive Franklin Lakes, NJ 07417
03/31/2005	
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:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Corporation Service Company
NEW Registered Agent: NEW Registered Office Address:	Corporation Service Company 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
iability company or as otherwise provided in the article infilted liability company.	treet address of the registered office and the business be case of a Florida limited liability company, it is get by an affirmative vote of the members of the limited
Signature of a member or authorized representative of a member)	
Deb Reeves, Authorized Person (Printed or typed name of signce)	
I beroly accent the appointment as registered agent as	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, and I ion as registered agent as provided for in Chapter 608, t a change in the registered office address, I hereby field in writing of this change.
Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. I	Box 6327, Tallahassee, FL 32314 EE: \$25.00
NHS18 (05/08)	