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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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On the second of the second of

June 1, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10032669 SO

Customer Reference 1: None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

VAPS Acquiation Company, LLC (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

STATEMENT OF CHANGE OF REGIS! ERED 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.

(a)		(b)				•		
()	Principal office address of limited liability company:	(0)	Mailing address of limited liability company:					
	(Note: MUST BE STREET ADDRESS) 900 Omnicare Center		900 Omnica	(Note: MAY BE POST OFFICE BOX)				
					· · · · · ·		:	
	201 East Fourth Street Cincinnati, OH 45202		201 East Fo	ourth Street Cincinnati, OH 45202				
	05/25/2006	N	A060000029	16				
	Date of filing/registration in Florida	4.		Document number		:		
(a)		<u></u> _						
	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:					
	CORPORATION SERVICE COMPANY			in Tables		1 -2		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET			,		=	Mark!,	
	1201 HAYS STREET				227	MUL	Oktus (4	
	Tallahasse , F	L 32301			SS	1		
b)					E C	PM	97 T	
-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				O.A.	ណ ល៉		
	C T Corporation System			ing dod do	t in the second	٠ نــ ،		
	NEW Registered Office Address;			•				
•	1200 South Pine Island Road							
	Plantation	33324						
chai it w 'we	mited liability company is not organized under the lange or changes are made, the Florida street address call be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members of organization or the operating agreement of the	of the regist liability con of the limit le limited lia	ered office npany, it is ed liability ability comp	and the business of hereby confirmed to company or as oth pany.	ffice of the that the cha	regist inge(s	ere	
<u></u>	RUNCIANTO	Kendr	a Jesus, Mar					
	fre of a member or authorized representative of a rember			Printed or typed name			 	
reo	y accept the appointment as registere agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provid by reflect a change in the registered office address, I in writing of this change.	gree to act i e performa	n this capa ice of my d	city. I juriher agre utles, and I am fam	e to compl iliar with	y with and ac	ine cep	

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

INHS18 (2/14)

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