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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Agency Marketing Support, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Duncan

Name of Person

AIA LLC

Firm/Company

2650 McCormick Dr Ste 200S

Address

Clearwater, FL 33759

City/State and Zip Code

tduncan@aiasvcs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Duncan

Name of Person

at ( 727 ) 216-0859

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
13 JAN 25 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Agency Marketing Support, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 10/20/2010

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 01/03/2013

5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

**Pharmacy Enrollment Services, LLC**

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

\_\_\_\_\_

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_

\_\_\_\_\_

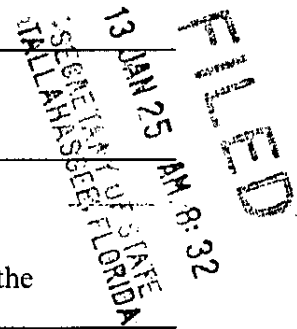
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

**Timothy O North - Manager**

Typed or printed name of signee

**Filing Fee: \$25.00**

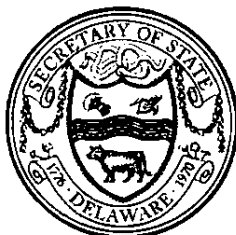


# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AGENCY MARKETING SUPPORT, LLC", CHANGING ITS NAME FROM "AGENCY MARKETING SUPPORT, LLC" TO "PHARMACY ENROLLMENT SERVICES, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF JANUARY, A.D. 2013, AT 5:53 O'CLOCK P.M.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0117654

DATE: 01-03-13

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Agency Marketing Support, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is:  
Pharmacy Enrollment Services, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 31<sup>ST</sup> day of December, A.D. 2012.

By: 

Authorized Person(s)

Name: James A. Rowe

Print or Type