M01000001351

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

Office Use Only



300272908133

05/14/15--01020--014 **25.00

SECRETARY BY STATION: DIVISION OF CORPORATION:

RA/ROICHS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 12, 2015

Order#: 585942-290

Re: PHARMACY ENROLLMENT SERVICES, 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: Lindsey Lockard

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.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED 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.

1. Na	ame of the limited liability company: PHARMACY EN	ROLLMEN	NT SERVICES, LLC
2. (a)	2650 McCormick Drive	(b)	2650 McCormick Drive
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 200S		Suite 200S
	Clearwater, FL 33759		Clearwater, FL 33759
	03/07/2007	<u></u> !	M07000001351
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Nathan R Hightower, Esquire		
	Registered Agent and Registered Office shown on the records of the	he Florida D	Pept. of State:
	2650 McCormick Drive		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	The state of the s
	Suite 200S		F OR
	Clearwater , FL_	33759	Dept. of State:
(b)	Corporation Service Company		— 3
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addre	
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee , FL_	32301	
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law duranture of a member or authorized representative of a member	the register bility comp the limite imited liab	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
I here provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	ee to act in performand for in Cha ereby conf	this capacity. I further agree to comply with the

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. VP