MONOW)BEY

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

Office Use Only



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07/22/15--01012--013 **25.00



JUL 23 2015

S. YOUNG



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 20, 2015

Order#: 711526-029

Re: PHARMACY ENROLLMENT SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Grace Kirby

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 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. N	ame of the limited liability company: PHARMACY E	NROLLM	ENT SERVICES	S, LLC
2. (a)	2650 McCormick Dr	(b)	2650 McCo	rmick Dr
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailir	ng address of limited liability company: te: MAY BE POST OFFICE BOX)
	Ste 200S		Ste 200S	
	Clearwater FL 33759		Clearwater	FL 33759
	03/07/2007		M0700000135	
3.	Date of filing/registration in Florida	4.	` Doc	ument number
5. (a)	Corporation Service Company			
- (-,	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:	
	1201 Hays Street			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	-			134 ch
	Tallahassee , FI	L <u>32301</u>		
(b)	R. Nathan Hightower, Esq Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:	2 R D
	2650 McCormick Dr			
	NEW Registered Office Address:	,		
	Suite 200S			
	Clearwater F1	J 33759		
	, FI	_ 30135		
the cha agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist iability cor of the limi is limited li	ered office and npany, it is her ted liability cor ability company	the business office of the registered by confirmed that the change(s) appany or as otherwise provided in y.
Signs	ture of a member or authorized representative of a member	Dona	Priebe, Author	rized Person ted or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. June of Registered Agent R. Nathan Hightower, Esq.	ree to act e performa ed for in C hereby co.		,,