

# 10700006888

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000138459 3)))



H120001384593ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 24 AM 8:19

FILED

LLC REGISTERED AGENT CHANGE  
PHARMACY AUTOMATION CONSULTING TECHNOLOGIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE

MAY 25 2012

EXAMINER  
Help

RECEIVED  
12 MAY 24 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

**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.

1. Name of the limited liability company: PHARMACY AUTOMATION CONSULTING TECHNOLOGIES, LLC

2. (a) Principal office address of limited liability company: 1023 NE 43RD STREET

(Note: MUST BE STREET ADDRESS) SEATTLE WA 98105

(b) Mailing address of limited liability company: 3750 TORREY VIEW COURT

(Note: MAY BE POST OFFICE BOX) SAN DIEGO CA 92130

11/26/2007 M07000006888

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: INCRP SERVICES, INC.

Registered Office Address: 17888 67TH CT NORTH  
LOXAHATCHEE FL 33470

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road  
(MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kristin Bolden  
Signature of a member or authorized representative of a member

Kristin Bolden

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: James M. Halpin  
Signature of Registered Agent Assistant Secretary

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

INHS18 (05/08)

LO15 - 11/16/2010 C T System Online