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(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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CSC - WILMENGTÖN
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ellen Rosaio erosaio@cscinfo.com

Date: December 9, 2013

Order#: 864503-020

Re: PARTNERS RX MANAGEMENT, 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: Ellen Rosaio

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 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 li	ability company: PARTNERS F	RX MANAGEMENT, LLC		
	dress of limited liability compa	any: 15950 N 76th St Ste 200 Scottsdale, AZ 85260		
(210001 111001 2)	STATEST (COPRESS)	0001104107712 00200	<u>連</u> に	
	limited liability company: POST OFFICE BOX	15950 N 76th St Ste 200 Scottsdale, AZ 85260	PE T	
04/29/2008		M08000002043		
3. Date of filing/registrat	ion in Florida	4. Document number	PRIDA	
5. (a) Registered Agent	and Registered Office shown of	on the records of the Florida I		
Registered Agent:		CT Corporation System	CT Corporation System	
Registered Office Address:		1200 South Pine Island Ro Plantation, FL 33324	ad	
(b) Enter name of <u>NE</u> <u>NEW</u> Registered	W Registered Agent and/or N	EW Registered Office addr		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street		
		Tallahassee	,FL_32301	
confirmed that after the c and the business office of liability company, it is he the members of the limite	npany is not organized under the hange or changes are made, the the registered agent will be ide reby confirmed that the change id liability company or as other of the limited liability company and representative of a member	Florida street address of the entical. Or, in the case of a Fe(s) was/were authorized by an wise provided in the articles of the enticles of the enticles of the enticles of the entitles of the entitle of the	registered office lorida limited n affirmative vote of	
Robert W. Field, Manager				
By: Sexue auch). I further agree to nance of my duties, as provided for in e registered office ing of this change.	
Signature of Registered Agent	Corporation Service Company	, , ,		
Divisi	on of Corporations, P.O. Box	6327, Tallahassee, FL 3231	14	

FILING FEE: \$25.00