## M09000000736

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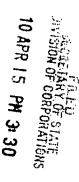
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B. KOHR

APR 1 5 2010

**EXAMINER** 





CORPORATION SERVICE COMPANY. ACCOUNT NO. : I2000000195

REFERENCE : 347077 7560834

AUTHORIZATION :

COST LIMIT

ORDER DATE: April 12, 2010

ORDER TIME : 11:36 AM

ORDER NO. : 347077-012

CUSTOMER NO: 7560834

## CHANGE OF AGENT

NAME: INFUSION PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

## 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:	INFUSION PARTNERS, LLC
2. (a) Principal office address of limited lie (Note: MUST BE STREET ADDI	ability company: 4623 Wesley Avenue, Ste. H RESS Cincinnati OH 45212
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE I	company: Two Tower Bridge, One Fayette Street Suite 150 Conshohocken PA 19428
02/20/2009	M0900000736
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered O	ffice shown on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Ag</u> <u>NEW Registered Agent:</u>	ent and/or NEW Registered Office address:  Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET A	DDRESS) Tallahassee,FL 32301
that after the change or changes are made, to office of the registered agent will be identichereby confirmed that the change(s) was/wilebility company or as otherwise provided limited liability company.  Signature of a member or authorized representative of a second confirmed or typed name of signee)	red agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, and I so form y position as representation to the proper and complete performance of my duties, and I series of the proper and complete performance of my duties, and I series of the proper and complete performance of my duties, and I series of the proper and complete performance of my duties, and I series of the proper and complete performance of my duties, and I series of my position as registered agent as provided for in Chapter 608, are been notified in writing of this change.
confirm that the limited liability company he Corporation Service Company By:  (Signature of Registered Agent) Elizabeth A. Da	was been notified in writing of this change.  uwson, Asst.VP
	tions, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INH\$18 (05/08)