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SECRETARY OF CORPORATION OF CORPORAT

B. KOHR

OCT 2 9 2010

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : 120000000195

REFERENCE : 553134 _5124708

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: October 22, 2010

ORDER TIME : 3:52 PM

ORDER NO. : 553134-005

CUSTOMER NO: 5124708

CHANGE OF AGENT

NAME: CCRX OF FLORIDA, 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: CCRX OF FLORIDA, LLC		
2.	(a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 5775 Allentown Blvd. Suite 101 Harrisburg, PA 17112
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5775 Allentown Blvd., Suite 101 Harrisburg, PA 17112
03/04/2009		2009	M09000000884
3.	Dat	e 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:	C T Corporation System
		Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			V Registered Office address:
		NEW Registered Agent:	Corporation Service Company
(MUST BE FLORIDA STREET ADDRESS)		NEW Registered Office Address: [MUST BE FLORIDA STREET ADDRESS]	1201 Hays Street
			Tallahassee ,FL 32301
tha off he lia lin	it affice of the contract of t	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the call confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and the business use of a Florida limited liability company, it is
(Sig	natui Re	re of a member or authorized representative of a member) gis T. Robbins,	•
(Pi	Sec	Tetary or typed name of signee)	· · · · ·
Con an F. Con By	here mply Jan S. C nfirm	by accept the appointment as registered agent and as with the provisions of all statutes relative to the provision with the provision of all statutes relative to the provision of the provision	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

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