MU9000001185

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

Office Use Only



800311193918

04/04/18--01024--002 **25.00

WILL APR -4 PH 4: 02

APROS MENS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 2, 2018

Order#: 130650-067

Re: MEDSCAPE, 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: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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.	Na	me of the limited liability co	ompany: MEDSCAPE	, LLC		· · · · · · · · · · · · · · · · · · ·					
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b)	669 River Drive, Center 2 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		New York N\ 10014			-	Elmwood Park, NJ 07407					
		03/25/2009			_	M09000001185					
3.		Date of filing/regis	tration in Florida	4.			Document number				
5.	(a)	C T Corporation System									
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:									
		1200 South Pine Island Road									
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-				
							•	B w			
		Plantation		FL <u>33</u>	324		•	CATA SATA			
	(b)	Corporation Service Company						35. 7.	÷.		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					-	ارت المد التي التيا	32		
		1201 Hays Street NEW Registered Office Address:				_	_		կ։ 02	Time	
						•	•	LORIDA			
		Tallahassee		FL <u>32</u>	301						
the ag wa the	e cha ent w s/we arti	mited liability company is n nge or changes are made, the vill be identical. Or, in the core authorized by an affirmat cles of organization or the of the property of the prop	e Florida street address ase of a Florida limited ive vote of the member perating agreement of t	of the in the financial state of the limit	regist y con limit ted lia	ered office npany, it is ed liability ability con	e and the business of s hereby confirmed t y company or as oth	ffice of that the erwise	the rea	gistered e(s)	
	-							-		د داد دادن	
pr the to no	ovisi e obl. mere tified	by accept the appointment as ons of all statutes relative to igations of my position as refly reflect a change in the relative of this change.	the proper and completion of the proper and completion of the proper as proving the proper and completion of the proper and completi	ete perfi ided for , I herel	ormai in Cl by cor	nce of my hapter 605 ifirm that	activ. I further agre duties, and I am fam i, F.S. Or, if this doc the limited liability of per, Asst. Vice Pre	illiar wi cument compan	npiy w th and is beir y has	nin ine l'accept ng filed been	
		25.poia		_			• ,				