

APR-13-2010 12:57 FROM:

Division of Corporations

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Toll 850 617 6383

P.1

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE
Account Number : I20080000054
Phone : (949) 955-9585
Fax Number : (800) 562-6504

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

Email Address: _____

**LLC REGISTERED AGENT CHANGE
MEDSHOP, LLC**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

APR 14 2010

EXAMINER

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Help

H10000084164 3

**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: MEDSHOP, LLC
2. (a) Principal office address of limited liability company: 120 Bloomingdale Avenue
 Suite 301
 White Plains, NY 10605-9944
 (Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 120 Bloomingdale Avenue
 Suite 301
 White Plains, NY 10605-9944
 (Note: MAY BE POST OFFICE BOX)

June 30, 2009

3. Date of filing/registration in Florida

M09000002532

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Corporation Service Company

Registered Office Address:

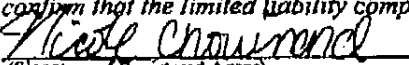
1201 Hays Street
Tallahassee, FL 32301-2525(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:NRAI Services, Inc.NEW Registered Office Address:**(MUST BE FLORIDA STREET ADDRESS)**2731 Executive Park DriveSuite 4Weston, FL 33331

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.


 (Signature of a member or authorized representative of a member)
Jose Castellanos, Authorized Representative of Member

(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.


 (Signature of Registered Agent)

BY: National Registered Agents, Inc., Nicole Chouinard, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

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 TALLAHASSEE, FLORIDA

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