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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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JAN 3 () 2020 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: December 27, 2019

Order#: 111744-186

Re: PHARMACY ALTERNATIVES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Meghan Groom 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.

	805 N. Whittington Parkway Suite 400		805 N. Whittington Parkway Suite 400	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Louisville, KY 40222		Louisville	e, KY 40222
	09/14/2010		M10000	004076
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T CORPORATION SYSTEM			
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of Stat	- e:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-
				7A 8
	· · · · · · · · · · · · · · · · · · ·			- 120 - 120
	PLANTATION , F	l. <u>33324</u>		2020 JAN SECRETA
				533
(b)	Corporation Service Company			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ress:	
				カン・ ボ
	1201 Hays Street	-		57
	NEW Registered Office Address:			
	T. II. I			-
	Tallahassee, F	L <u>32301</u>		-
the cha agent v was/wi the arti	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member of authorized representative of a member	aws of the softhe registiability corof the limited li	ered offic npany, it i ted liabilit ability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in