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FEB 11 2013 J. BRYAN



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 501621

4369509

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 18, 2013

ORDER TIME : 3:42 PM

ORDER NO. : 501621-124

CUSTOMER NO: 4369509

CHANGE OF AGENT

NAME:

HIDDEN RIVER, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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: HIDDEN F	RIVER PHARMACY, L.L.C.
 (a) Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>) 	pany: 100 Parson Pond Drive Franklin Lakes, NJ 07417
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	100 Parson Pond Drive Franklin Lakes, NJ 07417
07/01/2011	M11000003579
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	M11000003579 4. Document number 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 Agent</u> and/or <u>New Registered Agent</u>	
NEW Registered Agent: NEW Registered Office Address:	Corporation Service Company
	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under that after the change or changes are made, the Florida's office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member)	treet address of the registered office and the business ne case of a Florida limited liability company, it is
Deb Reeves, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited hability company has been not corporation service company. By:	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, and I tion as registered agent as provided for in Chapter 608, t a change in the registered office address, I hereby ified in writing of this change.

Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00