

4/24/2014 12:18:27 From: To: 8506176383

Division of Corporations

N 13000004426 (1/8)
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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED

14 APR 24 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
SONEXUS HEALTH DISTRIBUTION SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 24 AM 11:32

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SONEXUS HEALTH DISTRIBUTION SERVICES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nadia Poliandro

Name of Person

Cardinal Health

Firm/Company

7000 Cardinal Place

Address

Dublin, OH 43017

City/State and Zip Code

nadia.poliandro@cardinalhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nadia Poliandro

at (614)

757-5382

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Name of the limited liability company: SONEXUS HEALTH DISTRIBUTION SERVICES, LLC
2. (a) 2730 S. EDMONDS LANE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 300
LEWISVILLE, TX 75067
- (b) 2730 S. EDMONDS LANE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 300
LEWISVILLE, TX 75067
- 07/12/2013
Date of filing/registration in Florida
- M13000004426
Document number
3. NRAI SERVICES, INC.
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)
PLANTATION, FL 33324
4. (a) CT Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324
- (b) CT Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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

Sam Bamed - Senior Vice President & Treasurer

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 605, 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.

By: CT Corporation System

Signature of Registered Agent

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

INHS18 (2/14)

FILED
14 APR 24 AM 11:32
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TALLAHASSEE, FLORIDA