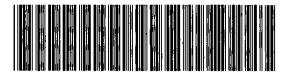
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(Rec	juestor's Name)		
(Add	fress)		
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(City	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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SECREIARY OF STATE
TALLAHASSEE, FLORID

15 JAN 26 PH 3: 42

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: January 23, 2015

Order#: 463932-011

Re: FPR SPECIALTY PHARMACY, 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: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

	ame of the limited liability company: FPR SP	ECIALTY PHARMAC	CY, LLC
2. (a)	7910 Rae Blvd Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	VICTORY N) 14564		
	08/26/2013		3000005367
3.	Date of filing/registration in Florida	4.	Document number
5. (a	NATIONAL CORPORATE RESEARCH, LT	D., INC.	
` ,	Registered Agent and Registered Office shown on the re-	cords of the Florida Dept.	of State:
	155 OFICE PLAZA DRIVE		
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)	
	TALLAHASSEE	EI 20204	15 JI
(b)			JAN 26 PH CORETARY OF LAHASSEE. I
	1201 Hays Street NEW Registered Office Address:	and the address.	F STATE FLORIDA
	Tallahassee	, FL_ 32301	
the ch agent was/w	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida linguister authorized by an affirmative vote of the mericles of organization or the operating agreement	dress of the registered nited liability compar mbers of the limited l t of the limited liabili	l office and the business office of the registered ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Sign	ature of member of authorized representative of a member		Printed or typed name of signee
I here provis the obto mer notifie	by accept the appointment as registered agent a consort of all statutes relative to the proper and configurations of my position as registered agent as prefer to change in the registered office addition writing of this change. In of Registered Agent Corporation Service Compared to the consort of the corporation of	and agree to act in the mplete performance of the provided for in Chapter (ress, I hereby confirm	is canacity. I further garee to comply with the

Salari Car