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1/24/2018

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	Division of Cor		
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From:			
11010.	Account Name	: REGISTERED AGENT SOLUTIONS INC	
	Account Number		
			•
		: (888)705-7274	
	Fax Number	: (888)706-7274	
**Enter	the email address	for this business entity to be used for fut	ure
an	nual report maili	ngs. Enter only one email address please.**	1
Em	ail Address:		

## LLC REGISTERED AGENT CHANGE GUARDIAN PHARMACY OF SOUTHWEST FLORIDA, LLC

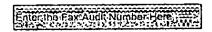
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## COVER LETTER

	istration Section ision of Corporations		- 1			
SUBJECT:	CT: GUARDIAN PHARMACY OF SOUTHWEST FLORIDA, LLC					
	Name	of Limited Lia	hility Company			
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Offic	e Change and f	ee(s) are submitted for filing.			
Please retur	n all correspondence concerning this	matter to the f	ollowing:			
MARC	SOT MULLIN					
	Name of Person		_			
Registere	ed Agent Solutions, Inc.					
	Firm/Company	<u>, , , , , , , , , , , , , , , , , , , </u>	~~			
1701 Dire	ectors Blvd, Suite 300					
	Address		•••			
Austin, T	× 78744					
	City/State and Zip Code					
notices@	erasi.com					
E-mai	l address: (to be used for future anni	ial report notifi	cation)			
For further	information concerning this matter,	please call:				
MAR	GOT MULLIN	888 at (	705-7274			
- <del></del>	Name of Person		Area Code & Daytime Telephone Number			
Rej Div Cli 260	REET/COURIER ADDRESS: gistration Section vision of Corporations fron Building 51 Executive Center Circle llahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 dahassee, Florida 32314			
En	closed is a check for the following	amount:				
Ø	\$25 Filing Fee	□ \$5	55 Filine, Fee & Certified Copy			

INHS18 (2/14)

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

vi.

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

(a)	Principal office address of limited liability company:	(b	)	Mailing address of limited liability co	
	(Note: MUST BE STREET ADDRESS)  24451 SANDHILL BOULEVARD UNITS A & C PUNTA GORDA, GA 33983		SOUTH	ACHTREE ROAD NW TOWER, SUITE 500 'A, GA 30309	
	11/17/2014		M140	000008564	
	Date of filing/registration in Florida	4.	•••	Document number	
	- MATIONAL DECICIOLEDEN AGEN	- IIV			
(h)	NATIONAL REGISTERED AGEN  Registered Office Address (MUST BE FLORIDA STREET)  1200 SOUTH PINE ISLAND ROAD  PLANTATION, FL 33324	ADDRES	<u>s)</u>		
(b)	Registered Office Address (MUST BE FLORIDA STREET  1200 SOUTH PINE ISLAND ROAD  PLANTATION, FL 33324	ADDRES	<u>s)</u>		
(b)	Registered Office Address (MUST BE FLORIDA STREET  1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  Enter name of NEW Registered Agent and/or NEW Registered Registered Agent Solutions, Inc.	ADDRES	<u>s)</u>		
(b)	Registered Office Address (MUST BE FLORIDA STREET)  1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  Enter name of NEW Registered Agent and/or NEW Registered	ADDRES	<u>s)</u>		

the articles of organization or the operating agreement of the limited liability company.

/s/ DAVID K. MORRIS

DAVID K. MORRIS

MANAGER

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 performence of my duties, and I am Jamiliar 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 spring of this change.

Signature of B

Justine Karnell egistered Agent Assistant Secretary

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