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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000035023
 Phone : (512) 418-6949
 Fax Number : (954) 208-0845

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

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
FOUNDATION CARE PHARMACY LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA
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OCT 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUNDATION CARE PHARMACY 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:

Sarah Moore
Name of Person

Armstrong Teasdale LLP
Firm/Company

7700 Forsyth Boulevard, Suite 1800
Address

Saint Louis, MO 63105
City/State and Zip Code

snoore@armstrongteasdale.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Moore at (314) 621-5070
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)

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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: FOUNDATION CARE PHARMACY, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>4010 WEDGEWAY COURT</u>	<u>4010 WEDGEWAY COURT</u>
<u>EARTH CITY, MO 63045</u>	<u>EARTH CITY, MO 63045</u>

3. <u>01/09/2015</u>	4. <u>M1500000218</u>
Date of filing/registration in Florida	Document number

5. (a) BUSINESS FILINGS INCORPORATED
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
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]
Signature of a member or authorized representative of a member

Tricia Dinkelman, VP of Manager, Acacia Health Inc.
Printed or typed name of signee

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TALLAHASSEE, FL
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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: [Signature]
Signature of Registered Agent

James M. Halpin
Assistant Secretary

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