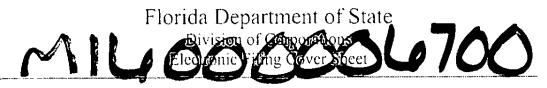
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Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

* Inter the email address for this business entity to be used for future <u><u><u>uoo</u> annual report mailings. Enter only one email address please.**</u></u>

Fmail	Address:		
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## LLC REGISTERED AGENT CHANGE MEDICAL PURCHASING SOLUTIONS, LLC

Certificate of Status	0
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Estimated Charge	\$55.00

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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. N	ame of the limited liability company:	g Solutio	ons, LLC		
2. (a)	2260 Wendt Street		(b) 2260 Wendt Street		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO		
	Algonquin, IL 60102	Algonquin.			
	08/19/2016	_	M16000006	700	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a,	Incurp Services, Inc.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3458 Lakeshore Drive Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			·	
	TALLAHASSEE, FL_	32312		. 20	
(b)	C T Corporation System			224 <b>DE</b>	
(07)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	dress:	APPROVEL AND FILED 2024 DEC 13 PM	
	NEW Registered Office Address:			· 2. 2.	
	1200 South Pine Island Road			်း မ	
	Plantation, FL_	33324			
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the lim	stered office ompany, it is sited liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
- C	e of a member or authorized representative of a member	Jessi	ca Crowley		
				Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to act perform   for in C ereby co	in this cape ance of my e Thapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Ву:	CT Cerporation System San Charmen SEAM	L EMERIC	IX, ASSISTANT	SECRETARY	
Signati	are of Registered Agent				