M9600000092

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Oddineda Charly Marile)
(Document Number)
Certified Copies Certificates of Status
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RELATION 12 PH 1: 15

B. KOHR

JUN 1 2 2008

EXAMINER



ION SERVICE COMPANY				
ACCOUNT N	O. :	072100000	032	
REFEREN	CE :	604226	7636315	
AUTHORIZATI	ON :	Smell	denan	,
COST LIM	IT :	\$ 25.0.0		
ORDER DATE : June 10, 2008			P.	08 JUH 12 PH 1: 15
ORDER TIME : 9:41 AM				E T
ORDER NO. : 604226-040				2 PR
CUSTOMER NO: 7636315				6,10
<u>CHANGE</u> O	F AGEN	<u>IT</u>		
NAME: RXAMERICA	LLC			
PLEASE RETURN THE FOLLOWING	AS PF	OOF OF FIL	ING:	
CERTIFIED COPY PLAIN STAMPED COPY				
CONTACT PERSON: Heather Ch	apman			
	EXAMI	NER'S INTT	TALS:	



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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: RXAMERICA LLC							
2. The mailing address of	the limited liability	company is : _					
221 N. Charles Lindbergh Drive, Salt Lake City, UT 84116							
03/21/1996			M96000000092				
			4. Document nun	nber			
5. The name of the registe Florida Department of S		sistered office a	nddress as shown o	on the records of the			
•		Corporation Syste	m				
		Name					
	1200 S	outh Pine Island F	Road				
	7.1	Address		0			
Plantation, FL 33324 City, State and Zip							
C 771 1 11	Y.	•		皇田			
6. The name and address of	or the new registered	agent and/or o	mce:	一覧で			
Corporation Service Company							
		Name					
1201 Hays Street							
Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable)							
	Tallahassee	FL	32301				
	City,	State and Zip					
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 authori	zed representative of a men	nber)					
Maureen Cullen, Attorney In F (Printed or typed name of signee)	act	· · · · · · · · · · · · · · · · · · ·					
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 508, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relati d accept the obligation his document is being that the limited liabi	agent and agrive to the prope ons of my posit of filed to merel lity company h	ee to act in this ca er and complete pe ion as registered a y reflect a change as been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.			
(Signature of Registered Agent)	Aichelle R. Vannov Assi	ictant VP					

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