

P00000079298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

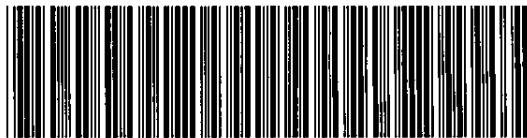
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
2013 JAN -8 AM 11:00
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 JAN -8 PM 12:22
CALIFORNIA SECRETARY OF STATE

24017
Yan

The logo for Corporation Service Company (CSC) features the letters "CSC" in a bold, sans-serif font, with a stylized circular graphic element to the right.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 467886 6729A

AUTHORIZATION :

A handwritten signature in black ink, appearing to read "Spudde man", is written over the authorization line.

COST LIMIT : \$ 35.00

ORDER DATE : December 20, 2012

ORDER TIME : 4:20 PM

ORDER NO. : 467886-090

CUSTOMER NO: 6729A

CHANGE OF AGENT

NAME: AXIUM HEALTHCARE WHOLESALE
DRUGS AND MEDICAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER: _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AXIUM HEALTHCARE WHOLESALE DRUGS AND MEDICAL, INC.
2. The principal office address: 550 Technology Park, Lake Mary, FL 32746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/22/2000 Document number: P00000079298

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mark C Montgomery

550 Technology Park

Lake Mary, FL 32746

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Dorothy D. Roberts
Signature of an officer or director

Dorothy D. Roberts
Assistant Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Grace E. Kirby
Signature of Registered Agent

1-7-13
Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. VP

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)