

P97000047267

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
TOTALCARE WHOLESALE, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

SEP 18 2012

C. MUSTAIN

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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: TOTALCARE WHOLESALE, INC.
2. The principal office address: 1505 LBJ FREEWAY SUITE 600 FARMERS BRANCH TX 75234
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/28/1997 Document number: P97000047267
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)

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301 US

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TALLAHASSEE, FL 32304

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

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road Plantation,
P.O. Box NOT acceptable
Florida 33324

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.

Handwritten signature of Kimberly Baggett

Kimberly Baggett, VP
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.

By: C T Corporation System
Signature of Registered Agent

9/12/2012
Date

If signing on behalf of an entity:
Kristin Bolden
Assistant Secretary
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)