Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

Phone

: (850)222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

DRUGS FOR LESS, INC.

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

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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 S	tatutes,
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	e State
of Florida.	is Braic
1. The name of the corporation: Drugs For Less, Inc.	_
2. The principal office address: 4300 New Getwell Rd., Memphis, TN 38118	
A 600 - 120 - 110 - 600 1100 - 110	
3. The mailing address (if different):	<u></u>
4. Date of incorporation/qualification: 01/22/1998 Document number: P98000007235	- Pact.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	ie :
Terry Feige	.*
22 S. 8th Sl	
Fernandina Beach, FL 32034	
6. The name and street address of the new registered agent (if changed) and /or registered of changed):	fice (if
C T Corporation System	
c/o C T Corporation System	
(P.O. Box or personal mailbox NOT acceptable)	
1200 South Pine Island Road, Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registagent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change. Charles S. Vail, Secretary	r so
(Signature of its officer, chairman of vice chairman of the board) (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. [CT Corporation System]	<u>'</u>
By: September 3, 2004 (Date)	ı
If signing on behalf of an entity:	
John J. Linnihan Assr. Vice President	
(Typed or Printed Name) (Capacity)	-

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314