

Filing Fee: \$20.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2011 DEC 23 PM 1:00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

- 1. The name of the limited liability company is: CareFusion Solutions, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 222 JEFFERSON BOULEVARD, SUITE 200, WARWICK, RI 02888
3. The NEW address of the resident agent is: 10 Weybosset Street, Providence, Rhode Island 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: CORPORATION SERVICE COMPANY
5. The name of the NEW resident agent is: C T Corporation System
6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 12/20/2011

CareFusion Solutions, LLC

Print Name of Limited Liability Company

Signature of Authorized Person

Form No. 642
Revised: 12/05

RI085 - 04/29/2011 C T System Online

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By 159320
DS 1:00