REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number <u>799085</u>
	CHANGE OF ADDRESS SIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1) of the or the person signing on behalf of the resident agent, su agent's address within this state:	General Laws, 1956, as amended, the undersigned resident agent, bmits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
PHARMACY A	CQUISITIONS, LLC
The address of the resident agent as PRESENTLY show is: 10 Dorrance Street, Suite 530, Providence	on in the records on file with the Rhode Island Secretary of State e, RI 02903
3. The NEW address of the resident agent is:	
450 Veterans Memorial Parkway, Suite 7	A, East Providence, RI 02914
4. The change of address of the resident agent shall become	
(a date not prior to, nor more than	30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 6/14/13	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
FILED	Kenneth J. Uva
JUN 17 2013	Signature
BY	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

