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

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:
	Lagniappe Pharmacy Services, 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, Warwick, RI 02888
3.	The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914
4 .	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: National Corporate Research, LTD
5.	The name of the NEW resident agent is: National Registered Agents, Inc.
3.	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.
Da	te: 07/08/2016 Lagniappe Pharmacy Services, LLC Print Name of Limited Liability Company Signature of Authorized Person
	FII FD C

Form No. 642 Revised: 12/05

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