

5/27/2015  
0567106

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

L905  
0567106  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
5/27/2015 12:04:18 PM  
Fee receipt: \$10.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Statement of Change of  
Registered Office, Registered  
Agent, or Both

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

**CARTER PHARMACIST GROUP, LLC**

which is organized in the state of Kentucky, and for that purpose submits the following statements:

**1. Name of current registered agent**

DAREN WHITE

**2. Registered agent is hereby changed to:**

Carter Family Pharma

**3. Address of current registered office**

1501 BULL LEA RD, STE 102B  
LEXINGTON, KY 40511

**4. Registered office is hereby changed to:**

1051 Newtown Pike, Ste 140  
LEXINGTON, KY 40511

**5. Signature of officer or chairman of the board**

Daren White, Member  
Signature and Title

Type or print name and title

5/27/2015 12:04 PM  
Date

**6. Consent of new agent**

I consent to serve as the new registered agent on behalf of this corporation.

Daren White  
Signature and Title

Type or print name and title