6/17/2016 0567106 Alison Lundergan Grimes, Secretary o 6/17/2016 9:18:29 AM 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 or Registered Office, Registered Agent, or Both

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	2. Registered agent is hereby changed to:
CARTER FAMILY PHARMA	Daren White
3. Address of current registered office	4. Registered office is hereby changed to:
1051 NEWTOWN PIKE, STE 140 LEXINGTON, KY 40511	1051 NEWTOWN PIKE, STE 140 LEXINGTON, KY 40511

5. Signature of officer or chairman of the board	6. Consent of new agent
Daren White, Member	I consent to serve as the new registered agent on behalf of this corporation.
29100	Daren White
Type or print name and title	Signature and Title
6/17/2016 9:18 AM	Type or print name and title
Date	Type or print name and ute

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RAC