

5/25/2011
0514824

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

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Elaine N. Walker
Secretary of State
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Elaine N. Walker
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

TRICARE PHARMACY NETWORK, LLC

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

1. Name of current registered agent

DENNIS J. HUMMEL

2. Registered agent is hereby changed to:

Daren White

3. Address of current registered office

239 SOUTH FIFTH STREET 17TH FL.
LOUISVILLE, KY 40202

4. Registered office is hereby changed to:

1501 Bull Lea Rd, Ste 102B
Lexington, KY 40511

5. Signature of officer or chairman of the board

Daren White, Partner
Signature and Title

Type or print name and title

5/25/2011 1:37 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