

Filing Fee:

Section 1: \$10.00
Section 2: \$10.00
Sections 1 and 2: \$20.00

0653962.06

dcornish
RAC

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
6/2/2016 1:56 PM
Fee Receipt: \$10.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490

Statement of Change
Principal Office Address, Registered Agent
and/or Registered Office Address

RAC
POC

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies to change one or all of the following: the principal office address, the registered agent and/or registered office address on behalf of

Home Care Pharmacy, LLC and for that purpose submits the following:
(The name must be identical to the name on record with the Secretary of State.)

1. Principal office address currently on file:

900 OMNICARE CENTER
201 EAST FOURTH STREET
CINCINNATI, OH 45202

Principal office is hereby changed to:

900 OMNICARE CENTER
201 EAST FOURTH STREET
CINCINNATI, OH 45202

2. Registered agent currently on file:

Corporation Service Company

Registered agent is hereby changed to:

Name: C T Corporation System
I consent to serve as the registered agent on behalf of the business entity.
X Signature: C T Corporation System
[Handwritten Signature]

Registered office address currently on file:

421 WEST MAIN STREET
FRANKFORT, KY 40601

Registered office address is hereby changed to (must be a Kentucky street address):

306 W. Main Street, Suite 512
Frankfort, KY 40601

Fee: The fees for changing 1 or all of the following: Section 1 is \$10. Section 2 is \$10. Section 1 and 2 is \$20.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

X *[Signature]*
Signature of Authorized Agent

Olga Hinkel
Printed Name

5/31/2016
Date