

585729

CT CORPORATION SYSTEM

FILED
01 JAN 12 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

(1) Eckerd Corporation

(2) Eckerd Corporation of Florida, Inc.

(3) Eckerd Fleet, Inc.

900003535889--5

01/12/01--01057--030

*****35.00 *****35.00

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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W.P. Verifier _____

1/12/01

Order#: 3461964

Ref#: _____

Amount: \$ _____

MS

G. GOULLETTE JAN 12 2001

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Eckerd Corporation of Florida, Inc.

2. The mailing address of the corporation is: 8333 Bryan Dairy Rd., Largo, FL 33777

3. Date of incorporation/qualification: 10/07/1991 Document number: S85729

4. The name and address of the current registered agent and office:

Linda Hendricks, Risk Management Dept.
8333 Bryan Dairy Road
Largo, FL 33777

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] DEC 22, 2000
(Signature of an officer, chairman or vice chairman of the board) (Date)

R. E. Lewis
V.P., General Counsel and Secretary
(Printed or typed name and title) (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Randy A. Shelley 1/11/2001
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
CT CORPORATION SYSTEM
(Typed or Printed Name) (Capacity)

RANDY A. SHELLEY
SPECIAL ASSISTANT SECRETARY