Filed by Corporations Division Administrator Filing Number: 221381213320 Date: 03/01/2021



Form Revision Date 07/2000

CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT

For use by FOREIGN PROFIT CORPORATION

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations) the undersigned executes the following Certificate:

The identification number assigned by the Bureau is: The name of the corporation is: The name of the resident agent on file with the Bureau is:		800991296	
		PSS WORLD MEDICAL, INC.	$\hat{\downarrow}$
		CSC-LAWYERS INCORPORATING SERVICE (COMPANY)	
The location of the registered office on file with the Bureau is:		601 ABBOT ROAD ,EAST LANSING, MI, 48823	\$
The mailing address of the above office on file with the Bureau is:			$\hat{\circ}$
Enter in Item A the infor	mation as it should now appear on the public r	ecord.	
	mation as it should now appear on the public r the registered office and the name of the resid CSC-LAWYERS INCORPORATING SERVICE (2900 WEST ROAD STE 500 EAST LANSING MI	dent agent at the registered office ((P.O. Boxes are not acceptable)
A.The street address of Agent Name: Street Address: Apt/Suite/Other: City:	the registered office and the name of the resid CSC-LAWYERS INCORPORATING SERVICE (2900 WEST ROAD STE 500 EAST LANSING MI	dent agent at the registered office (COMPANY)	(P.O. Boxes are not acceptable)
A.The street address of Agent Name: Street Address: Apt/Suite/Other: City: State:	the registered office and the name of the resid CSC-LAWYERS INCORPORATING SERVICE (2900 WEST ROAD STE 500 EAST LANSING MI	dent agent at the registered office (COMPANY)	(P.O. Boxes are not acceptable)
A.The street address of Agent Name: Street Address: Apt/Suite/Other: City: State: Registered Office Mailing P.O. Box or Street Address:	the registered office and the name of the residence of th	dent agent at the registered office (COMPANY)	(P.O. Boxes are not acceptable)

2.NONPROFIT CORPORATIONS ONLY: the incorporators, only if no board has been appointed. 3. LIMITED LIABILITY COMPANIES: an operating agreement, affirmative vote of a majority of the members pursuant to section 502(1), managers pursuant to section 405, or the resident agent if only the address of the registered office is changed.

The corporation or limited liability company further states that the address of its registered office and the address of its resident agent as changed, are identical.

This document must be signed by an authorized officer or agent (corporations) or a member, manager, or an authorized agent (limited liability companies).

Signed this 27th Day of February, 2021 by:

Signature	Title	Title if "Other" was selected
Janet Budhu, on behalf of CSC-LAWYERS INCORPORATING SERVICE (COMPANY)	Other	Resident Agent

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify

that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.				
jm Decline jm Accept				

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT

for

PSS WORLD MEDICAL, INC.

ID Number: 800991296

received by electronic transmission on February 27, 2021 , is hereby endorsed.

Filed on March 01, 2021 , by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 2nd day of March, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau