



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 891715 4816118

AUTHORIZATION

COST LIMIT : \$ 60.00



ORDER DATE : July 2, 2021

ORDER TIME : 2:17 PM

ORDER NO. : 891715-025

CUSTOMER NO: 4816118

FOREIGN FILINGS

NAME: COVANCE SPECIALTY PHARMACY LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

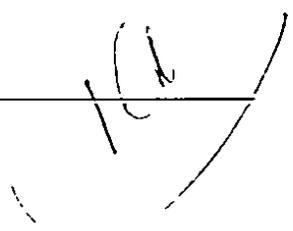
XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_



# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Covance Specialty Pharmacy LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth M. Hamelin  
\_\_\_\_\_  
Name of Person

Hogan Lovells US LLP  
\_\_\_\_\_  
Firm/Company

555 13th Street NW  
\_\_\_\_\_  
Address

Washington, DC 20004  
\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth M. Hamelin at ( 202 ) 637-6881  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Covance Specialty Pharmacy LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2021 JUL -6 AM 10:10

FILED

2. The Florida document number of this limited liability company is: M09000001823

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/13/2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Labcorp Specialty Pharmacy LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
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| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

LabCorp Peri-Approval and Commercialization, Inc., Sole Member

  
\_\_\_\_\_  
Signature of the authorized representative

By: Lynne Sager, Vice President

\_\_\_\_\_

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COVANCE SPECIALTY PHARMACY LLC", CHANGING ITS NAME FROM "COVANCE SPECIALTY PHARMACY LLC" TO "LABCORP SPECIALTY PHARMACY LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF JUNE, A.D. 2021, AT 5:30 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-FIFTH DAY OF JUNE, A.D. 2021.



  
Jeffrey W. Bullock, Secretary of State

4589276 8100  
SR# 20212457735

Authentication: 203461697  
Date: 06-16-21

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**CERTIFICATE OF AMENDMENT**

**TO THE**

**CERTIFICATE OF FORMATION**

**OF**

**COVANCE SPECIALTY PHARMACY LLC**

Covance Specialty Pharmacy LLC (the “**Company**”), a limited liability company organized and existing under and by virtue of the Delaware Limited Liability Company Act, does hereby certify as follows:

**FIRST:** The name of the limited liability company is Covance Specialty Pharmacy LLC.

**SECOND:** The first section of the Company’s certificate of formation (the “**Certificate of Formation**”) is hereby amended and restated in its entirety to read as follows:

“1. The name of the limited liability company shall be:

Labcorp Specialty Pharmacy LLC.”

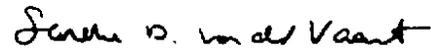
**THIRD:** This amendment to the Company’s Certificate of Formation shall be effective on and as of June 25, 2021, after the filing of this Certificate of Amendment with the Secretary of State of the State of Delaware.

*[Signature Page Follows]*

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on this 15th day of June, 2021.

**Covance Specialty Pharmacy LLC**

By: Covance Market Access Services Inc.  
Sole Member



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Name: Sandra D. van der Vaart  
Title: President