M0900001823

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 908723 4816118
AUTHORIZATION Publication
COST LIMIT : \\$ 25.00
ORDER DATE : July 28, 2023
ORDER TIME : 12:55 PM
ORDER NO. : 908723-015
CUSTOMER NO: 4816118
FOREIGN FILINGS
NAME: LABCORP SPECIALTY PHARMACY LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson EXT#

EXAMINER: _____

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

SECTION 1 (1-4 must be completed)

Name of limited liability Company as it appear State: LABCORP SPECIALTY PHARMACY I	•	artment of		
Enter new principal office address, if applicable:	100 Technology Park, Suite 159			
(Principal office address	Lake Mary FL 32746	207		
MUST BE A STREET ADDRESS)		2073 JU		
Enter new mailing address, if applicable:	100 Technology Park, Suite 158	<u>ද</u>		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Lake Mary FL 32746	——————————————————————————————————————		
		25		
2. The Florida document number of this limited lia	ability company is: M090000018	23		
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				
5. New name of the limited liability company: For (mus	ortrea Specialty Pharmacy LLC t contain "Limited Liability Compa	any, " "L.L.C" or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	naging members adopting the altern	ness in Florida and attach a nate name. The alternate name		
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, <u>e</u> ddress here:	nter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida Street Address			
_	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this capacity, and complete performance of my d ered agent as provided for in Chap in the registered office address, I h	luties, and I am familiar with the ter 605, F.S. Or, if this		
It C	hanging Registered Agent, Signatu	re of New Registered Agent		

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

Title/ Capacity	<u>Name</u>	Address Type	e of Actio
ector, Secretary	Sandra D van der Vaart	531 South Spring Street	□Add
		Burlington, NC 27215	■Rem
VP Mark	Mark Roseman	100 Technology Park, Suite 158	202 ★ dd
		Lake Mary FL 32746	JUL 28 Rem
, Treasurer	Amedeo De Risi	100 Technology Park, Suite 158	2: 2 € Add
		Lake Mary FL 32746	□Rem
VP Lynne Sager	Lynne Sager	100 Technology Park, Suite 158	≣Add
		Lake Mary FL 32746	□Rem
VP Heather R	Heather Raschtschenia	100 Technology Park, Suite 158	≣Add
		Lake Mary FŁ 32746	□Rem
aforemention	certificate, if required: no more that ned amendment(s), duly authenticate ander the law of which this entity ja.e.	d by the official having custody of records in the	_ Kem
	L L	medeo De Risi	
	Signature	cornical representative	

Item 8. Continuation

Assistant Secretary	Erica Smith-Klocek	100 Technology Park, Suite 158 Lake Mary FL 32746	Add
General Counsel	Stillman Hanson	100 Technology Park, Suite 158 Lake Mary FL 32746	Add
Chief Accounting Officer	Amanda Warren	100 Technology Park, Suite 158 Lake Mary FL 32746	Add

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LABCORP SPECIALTY
PHARMACY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "FORTREA SPECIALTY PHARMACY LLC" ON THE TWENTY-EIGHTH
DAY OF APRIL, A.D. 2023, AT 9:34 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF MAY,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

Authentication: 203847522

Date: 07-28-23

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