

12/18/2020

Division of Corporations

M10000000768

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE  
EXPRESS SCRIPTS ADMINISTRATORS, LLC

Certificate of Status	0
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DEC 21 2020

M. SOLOMON

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Corporate Filing Menu

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Express Scripts Administrators, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
One Express Way  
St. Louis, MO 63121

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
One Express Way  
St. Louis, MO 63121

3. 2/17/2010 Date of filing/registration in Florida

4. M10000000768 Document number

5. (a) Corporation Service Company  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1201 Hays Street  
Tallahassee, FL 32301

(b) C T Corporation System  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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TALLAHASSEE, FLORIDA  
SUNSHINE STATE SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

Jennifer Kurz, Authorized Person Printed or typed name of signee

*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.*

By: [Signature]  
Signature of Registered Agent Stephanie Boehm, Assistant Secretary

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**