

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M1400000273

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

Resubmission: please keep  
file date of 03/24/2017

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

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FALL HASSSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STONERIVER PHARMACY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE  
FALL HASSSEE, FLORIDA

2017 MAR 24 AM 7:56

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K. SALY

APR - 3 2017

# 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: STONERIVER PHARMACY SOLUTIONS, 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

2. The Florida document number of this limited liability company is: M1400000273

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 1/2/2014

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

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

SRP Pharmacy Solutions, 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

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TALLAHASSEE, FLORIDA


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)(e), 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
_____	_____	_____	<input type="checkbox"/> Add
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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.

  
Signature of the authorized representative

Timothy A. Wicks

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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FALLAHASSEE, FLORIDA  
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# 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 "STONERIVER PHARMACY SOLUTIONS, LLC", CHANGING ITS NAME FROM "STONERIVER PHARMACY SOLUTIONS, LLC" TO "SRPS, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2017, AT 10:47 O'CLOCK A.M.

ECY

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TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

3006122 8100  
SR# 20170544615

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:47 AM 01/31/2017  
FILED 10:47 AM 01/31/2017  
SR: 20170544615 -- File Number 3006122

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: \_\_\_\_\_  
StoneRiver Pharmacy Solutions, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company formed is SRPS, LLC

3. The effective date shall be January 31, 2017

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 30<sup>th</sup> day of January, A.D. 2017

By: John W. Bencivenga  
Authorized Person(s)

Name: John W. Bencivenga  
Print or Type

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DELAWARE