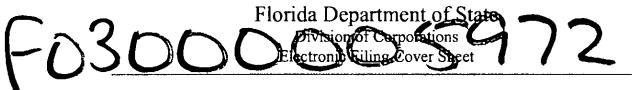
12/18/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 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.**

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By:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporation	117.0502, 607.1508, or 617.1508, Florida Statutes, this in organized under the laws of the State of Delawate ir registered agent, or both, in the State of Florida.	· · · · · · · · · · · · · · · · · · ·		
1. The name of	the corporation: Express Scripts, In	nc.			
	office address: One Express Way, S				
3. The mailing a	address (if different): One Express	Way, St. Louis, MO 63121			
	oration/qualification: 12/2/2003				
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)			
	Corporation Service Company		2		
	1201 Hays Street		1020 DEC 18		
	Tallahassee, FL 32301		C .		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			8 AH 10: 11		
	C T Corporation System		 		
	1200 South Pine Island Road				
P.O. Box NOT acceptable Plantation, Florida 33324					
The street addr	ess of its registered office and the be identical.	e street address of the business office of its registered	l agent,		
Such change wanthorized by t	as authorized by resolution duly the board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.			
JR		Jennifer Kurz, Secretary			
I hereby accept I further agree of my duties, ar document is be	to comply with the provisions of a ad Lam familiar with and accent	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper und complete perform the obligation of my position as registered agent. O ge in the registered office address, I hereby confirm change.	T. 11 11US		
Jegem!	Par	12/17/2020			
Su	mature of Registered Agent	Date			
If signing on bo	chalf of an entity:				
Stephanic Boch	n, Assistant Secretary				
T T	yped or Printed Name	_			
	* * * FILI	NG FEE: \$35.00 * * *			