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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone Fax Number

: (850)222-1092 : (850)878-5368

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

Email Address:

## REGISTERED AGENT CHANGE CAREMARK ULYSSES HOLDING CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporation	a de la companya de	
SUBJECT:	Caremark Ulysies He	olding Corp.
SUBJECT;	Name of Co	poration
DOCUMENT NUMBER:	F03	000006156
The enclosed Statement of Char	nge of Registered Office	/Agent and fee are submitted for filing.
Please return all correspondence	-	-
		•
	Melonie K	C. Luker
	Name of Con	tact Person
	CVS Pha	
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<del></del>	Addr	063
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	Woonspeket,	- <u> </u>
	City/State and	1 Zip Code
	rokluker@c	vs.com
E-mail addr	ess: (to be used for fu	ture annual report notification)
For further information concernia	ng this matter, please es	H:
Mejanie K. L.	ікет	-1, 401 \ 770 - 35/5
Name of Contact	Person	at (401) 770-3545  Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made	payable to the Departm	ent of State.
Mailing	Address	Street Address:
	nent Section of Corporations	Amendment Section Division of Corporations
P.O. Box		Clifton Building
Tallahas	sec, FL 32314	2661 Executive Center Circle

CR2F045 (N/05)

PLONE - 07/23/2009 C Y System Chiles

FL094 - 07/23/3009 C T Sycony Colling

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

2. The princi	of the corporation:  Caremark Ulysses Holding Corp.  pal office address: 6 International Drive, Suite 190, Rye Brook, NY 10573  ag address (if different): P.O. Box 958465, Lake Mary, FL 32795  corporation/qualification: 12/12/2003 Document number:	
5. The name	and street address of the current registered agent and registered office on partment of State: (If resigned, enter resigned)	
	Danlius Howe	
	1001 Heathrow Park Lane, Suits 5001	
	Lake Mary, FL 32746	
6. The name :	and street address of the new registered agent (if changed) and for registe	med office m
(if changed	(): C T Corporation System	Sea Charles
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Sox NOT secondable	<del></del>
	Plantation, Plorida 33324	
The street add	dress of its registered office and the strest address of the business official to identical.	ce of its registered agent,
_	was authorized by resolution duly adopted by its board of directors of the board or the corporation has been notified in writing of the char	
l k d	. 16-21	
_	Thinker of the prince of the p	uchanan Secretan
l hereby acce further agre of my duties, i locument is b corporation h	pt the appointment as registered agent and agree to act in this capaci e to goingly with the provisions of all statutes relative to the proper at and I am familiar with and accept the obligation of my position as reg aing filed morely to reflect a change in the registered office address, as as been notified in writing of this change.	ity.  Indicomplete performance gistered agent. Or, if this I hereby confirm that the
By:	T Corporation System 7/27/2011	<u> </u>
f signing on l	chalf of an entity:	