### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000094482 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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: (850)205-8842

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

_		
Ema	ıl.	Address:

### COR AMND/RESTATE/CORRECT OR O/D RESIGN US SCRIPT INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

#### **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: US Script, Inc.				
	of Corporation			
DOCUMENT NUMBER: F08000003408				
The enclosed Amendment and fee are submi	itted for filing.			
Please return all correspondence concerning	this matter to the following:			
Cindy Morrison				
Name of Contact Person	•			
Armstrong Teasdale, LLP				
Firm/Company				
7700 Forsyth Blvd., Suite 180	00			
7 5643 653				
St. Louis, MO 63105 City/State and Zip Code				
cmorrison@armstrongteasdale.com	•			
E-mail address: (to be used for future annu	al report notification)			
For further information concerning this matt	er, please call:			
Cindy Morrison	314 259-4749			
Name of Contact Person	at ( ) 259-4749 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amoun	ut:			
\$35,00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
	Tallahassee, FL 32301			

F08000003408

# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

	(Document numb	ber of corporation	n (if known)	PROPERTY.
1. US Script, Inc.				3 5
	(Name of corporation as it appea	irs on the records	of the Department of Sta	ite) SSIV F
2 Delaware		3.0	1/06/1999	75
(Incorpo	rated under laws of)		(Date authorized to do	business irriflorida) on
	SI (4-7 complete onl	ECTION II Y THE APPLIC	ABLE CHANGES)	
4. If the amendment chang	ges the name of the corpora		s the change effected	l under the laws of
its jurisdiction of incorp	poration? April 12	, 2016		
5. Envolve Pharmacy Solutions	s. Inc.			
appropriate abbreviation	fter the amendment, adding on, if not contained in new able in Florida, enter alterna	name of the co	orporation)	_
6. If the amendment chang	ges the period of duration, i	ndicate new p	eriod of duration.	
	N/A			
	(1)	New duration)	····	
7. If the amendment chang	ges the jurisdiction of incor	poration, indic	cate new jurisdiction.	
	N/A			
	•	ew jurisdiction)		
<ol> <li>Attached is a certificate 90 days prior to deliver having custody of corpo to the corporation.</li> </ol>	or document of similar im y of the application to the D orate records in the jurisdict	port, evidencing port, evidencing port, evidencial port, evidence the	ng the amendment, a State, by the Secretar laws of which it is in	uthenticated not more than ry of State or other official icorporated.
<u>ــم_</u>				
<del></del>	(Signature of a director, proof a receiver or other cou	resident or other in appointed fidu	officer - if in the hands ciary, by that fiduciary)	
Tricia Dinkelman			Vice President of Tax	
(Typed or prints	d name of person signing)		(Title of person	signing)

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "US SCRIPT INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ENVOLVE PHARMACY SOLUTIONS, INC." ON THE TWELFTH DAY OF APRIL, A.D. 2016, AT 4:14 O'CLOCK P.M.

2989271 8320 SR# 20162316277 Authentication: 202153943 Date: 04-15-16

You may verify this certificate online at corp.delaware.gov/authver.shtml