F08000003408

| (R | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Na | me) |
| (D | ocument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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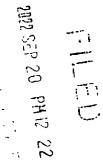
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NC & Amend

2022 SEP 20 PM 3: 28
SECRETARY OF STATE
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A. RAMSEY SEP 21 2022



CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

09/20/2022

| D | Acc#120160000072 | |
|--|---|--|
| | Acc#120160000072 | |
| Name: | ENVOLVE PHARMACY SOLUTIONS, INC. | |
| Document #: | | |
| Order #: | 14550058 | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
| Filing: 🗸 | Certified: | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 43.75 | |

Thank you!

COVER LETTER

| TO: Amendme | ent Section Division of Corporation | ons | |
|----------------------|--|---------------------------------------|--|
| SUBJECT: Envol- | ve Pharmacy Solutions, Inc. | | |
| | Name | e of Corporation | |
| DOCUMENT NU | MBER: F08000003408 | | |
| The enclosed Ame | ndment and fee are submitted for | filing. | |
| Please return all co | rrespondence concerning this ma | tter to the following: | |
| Shannon Kister | | | |
| | Name of Contact Person | | |
| Centene Corporati | | | |
| | Firm/Company | | |
| 7700 Forsyth Blvc | i. | | |
| | Address | | |
| St. Louis, MO 631 | 05 | | |
| • | City/State and Zip Code | | |
| shannon.p.kister@ | | | |
| E-mail addre | ss: (to be used for future annual r | eport notification) | |
| For further informa | ntion concerning this matter, pleas | se call: | |
| Shannon Kister | | at (314) 725-4477 | |
| Namo | e of Contact Person | Area Code & Daytime | Telephone Number |
| Enclosed is a check | k for the following amount: | | |
| \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee. Certificate of Status Certified Copy |

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 1 (1-3 MUST BE COMPLETED)

| F080 | 000003408 | | . 20 |
|--|--|--|--------------------------------|
| | (Document number of cor | poration (if known) | • |
| Envolve Pharmacy Solutions, Inc. | | | 7.10 |
| (Name of | corporation as it appears on the | records of the Department of Sta | |
| Delaware | | 308/01/2008 | |
| (Incorporated under | r laws of) | 3. 08/01/2008 (Date authorized to do b | usiness in Florida) |
| (4- | SECTION TO COMPLETE ONLY THE A | | |
| . If the amendment changes the name of t incorporation? 9/19/22 | he corporation, when was the cl | _ | its jurisdiction of |
| Centene Pharmacy Services, Inc. (Name of corporation after the amendment contained in new name of the corporation) | nent, adding suffix "corporation, oration) | " "company," or "incorporated," | or appropriate abbreviation, i |
| (If new name is unavailable in Florida, e | enter alternate corporate name a | dopted for the purpose of transac | ting business in Florida) |
| 5. If the amendment changes the period | od of duration, indicate new per | iod of duration. | |
| | (New dura | tion) | |
| 7. If the amendment changes the juris | sdiction of incorporation, indica | e new jurisdiction. | |
| | (New jurisdi | ction) | - |
| . If amending the registered agent and new registered agent and/or the new | | n Florida, enter the name of the | <u>-</u> |
| Name of New Registered Agent | | | |
| - | (Florida street ad | (dress) | |
| New Registered Office Address: | (City) | , Florida_ | (Zip Code) |
| New Registered Agent's Signature, it | f changing Registered Agent: | | |
| I hereby accept the appointment as regi | | th and accept the obligations of t | he position |
| Signature of New Res | gistered Agent, if changing | | |

| Title/ Capacity | <u>Name</u> | <u>Address</u> | Type of Action |
|--|---|---|--|
| VP/Dir | Matt Merlo | 8715 Henderson Road | ⊠Add |
| | | Tampa FL 33634 | □Remove |
| VP/Dir | Angel Ballew | 8715 Henderson Road | NAdd |
| | Tampa FL 33634 | □Remove | |
| | | □Add | |
| | | □Remove | |
| | <u>.</u> | | □Add |
| | | | |
| | | DAdd | |
| | | | Remove |
| . Attached is a of the applicat under the laws | certificate or document of similar tion to the Department of State, by t s of which it is incorporated. | import, evidencing the amendment, authent he Secretary of State or other official having | icated not more than 90 days prior to delive custody of corporate records in the jurisdicti |
| | Quie | a Dintelman | |
| | (Signature o | of a director, president or other officer - if in or other court appointed fiduciary, by that fiduciary | the hands of duciary) |
| Tricia Dinke | | • • • • | ident, Tax |

FILING FEE \$35.00

<u>Delaware</u>

Page 1

The First State

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 'ENVOLVE PHARMACY

SOLUTIONS, INC.", CHANGING ITS NAME FROM "ENVOLVE PHARMACY

SOLUTIONS, INC." TO "CENTENE PHARMACY SERVICES, INC.", FILED IN

THIS OFFICE ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2022, AT

1:04 O'CLOCK P.M.



Authentication: 204428947 Date: 09-19-22

2989271 8100 SR# 20223556053

CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION OF ENVOLVE PHARMACY SOLUTIONS, INC.

Envolve Pharmacy Solutions, Inc., a corporation organized and existing under the General Corporation Law of the State of Delaware (the "Corporation"), hereby certifies as follows:

- 1. This Certificate of Amendment amends the provisions of the Corporation's Certificate of Incorporation filed with the Secretary of State of the State of Delaware.
- 2. Article "FIRST" of the Corporation's Certificate of Incorporation is hereby amended in its entirety as follows:

"The name of the Corporation is Centene Pharmacy Services, Inc."

- 3. This amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.
- 4. All other provisions of the Corporation's Certificate of Incorporation shall remain in full force and effect.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be signed this 19th day of September, 2022.

By Oricia Dinkelman
Vice President, Tax