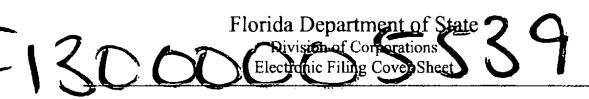
12/18/2020

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.

Email Address:

REGISTERED AGENT CHANGE EXPRESS SCRIPTS PHARMACY, INC

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o: 18506176380

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

	•	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of Delawate	
-	- · · · · · · · · · · · · · · · · · · ·	or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Express Scripts P	harmacy, Inc.	
2 The principal	office address: One Express Way.	St. Louis, MO 63121	
2. The principal	orrice address.		
3. The mailing a	ddress (if different): One Express	s Way, St. Louis. MO 63121	
4. Dateofincorp	oration/qualification: 12/30/2013	Document number: F13000005539	
	I street address of the current regi timent of State: (If resigned, enter	istered agent and registered office on file with the rresigned)	
	Corporation Service Company		~>
	1201 Hays Street	·	070
	Tallahassee, FL 32301		DEC 1
6. The name and (ifchanged):	I street address of the new registe	ered agent (if changed) and /or registered office	2020 DEC 18 AM 10: 12
	C T Corporation System		بب بــ
	1200 South Pine Island Road		. 2
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the identical.	e street address of the business office of its registe	ered agent,
Such change was authorized by the	is authorized by resolution duly be heard, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so
JR-		Jennifer Kurz, Secretary	
7	re of an officer or director	Printed or typed name and title	
I further agree of my duties, and document is bei	io comply with the provisions of	igent and agree to act in this capacity. Fall statutes relative to the proper and complete p The obligation of my position as registered agent, age in the registered office address, I hereby confi- change.	erformance Or if this rm that the
Stepen	ar.	12/17/2020	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Stephanic Boehn	n, Assistant Scoretary		
T	sped or Printed Name	_	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: