To: Page 3 of 5
Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002682983)))



H160002682983ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 RXC ACQUISITION COMPANY

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

Electronic Filing Menu

Corporate Filing Menu

Help

NOV O 1 2016 C MCNAIR

COVER LETTER

TO:	Amendment Section Division of Corporations	6 (5)
CHID I	RXC ACQUISITION COMPANY JECT:	م
SODA	Name of Corp	oration
DOC	F16000002213	
The en	enclosed Statement of Change of Registered Office/A	agent and fee are submitted for filing.
	e return all correspondence concerning this matter to	_
	Melanie K. Luker	
	Name of Contac	et Person
	CVS Health	
	Firm/Comp	pany
	One CVS Drive	·
	Address	3
	Woonsocket, RI 02895	
	City/State and 2	Zip Code
	isabel.amado@cvshealth.com	
	E-mail address: (to be used for futu	re annual report notification)
For fu	orther information concerning this matter, please call	:
CT Co	orporation System	800 225-2034
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

To:

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

		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: RXC ACQUISIT	TON COMPANY	
2. The principa	l office address: 900 Omnicare Co	nter	
201 East Fo	urth Street Cincinnati, OH 45202		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 05/13/201	6 Document number: F16000002213	
	d street address of the current reg runent of State: (If resigned, ente	gistered agent and registered office on file with the or resigned)	
	CORPORATION SERVICE COM	мрану	
	1201 HAYS STREET TALLAHA	ASSE, FL 32301	
			6 0
f. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	16 OCT 31 PH 4: 48
	C T Corporation System		P
	c/o C T Corporation System, 1200	South Pine Island Road	¥.
•		Box NOT acceptable	1 PM 4: 48
	Plantation, Florida 33324	·	
The street address shaped will	ess of its registered office and the	ne street address of the business office of its register	red agent,
-		adopted by its board of directors or by an officer so been notified in writing of the change.	
KonorA	ON DOWN	Kendra Jesus, Vice President	
AND GOOD	Alexander of Contract of Contr	Printed or typed name and title	they properly to
further agrée performance of agent. Or, if th pereby confirm	to compty with the provisions of my duties, and I am familiar wi is document is being filed meret that the corporation has been n	igent and agree to act in inst capacity complete fall statutes relative to the proper and complete th and accept the obligation of my position as regis y to reflect a change in the registered office address otifled in writing of this change.	tered s, I
CTCor By:	poration System	10/20/2016	
	nature of Registered Agent	Date	
f signing on be	half of an entity:		
	·		

* * * 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 (03/12)