12/18/2020

**Division of Corporations** 

## Florida Department of State Division of Corporations Electronic Filling Cover Sheet

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2020 PEC 18 AH 10: 14

To:

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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 STRATEGIC DEVELOPMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Telp

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

•	•	502, 617,0502, 607,1508, or 617,1508, Florida Statutes, ration organized under the laws of the State of New Jerse	
		Pice or registered agent, or both, in the State of Florida.	<del></del>
1 The name of t	be corporation. Express Seri	pts Strategic Development, Inc.	
	office address: One Express		
2. The principal	office address:		
3. The mailing a	ddress (if different): One Ex	press Way, St. Louis. MO 63121	
4. Dateofincorpo	oration/qualification: 1/19/	2017 Document number: F17000000275	<u>_</u>
	I street address of the curren tment of State: (If resigned.	t registered agent and registered office on file with the enterresigned)	
	Corporation Service Compar	ny	
	1201 Hays Street		2020 DEC
	Tallahassee, FL 32301		)EC -
6. The name and street address of the new registered agent (if changed) and /or registered (ifchanged):		egistered agent (if changed) and /or registered office	18 AH 10: 14
	C T Corporation System		0: =
	1200 South Pine Island Road	1	+-
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
as changed will	be identical.	nd the street address of the business office of its registe	-
authorized by th	ne board, or the corporation	duly adopted by its board of directors or by an officer s has been notified in writing of the change.	.()
472-		Jennifer Kurz, Secretary	
I hereby accept I further agree to of my duties, an document is bei	te of an officer or director  the appointment as register to comply with the provisio d I am familiar with and ac ng filed merely to reflect a s been notified in writing of	Printed or typed name and title red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete peccept the obligation of my position as registered agent, change in the registered affice address. I hereby confir this change.	erformance Or, if this m that the
Jepens	ar.	12/17/2020	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Stephanie Bochn	n, Assistant Secretary		
T	yped 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: