

**F23 00000 2045**

Florida Department of State  
Division of Corporations  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
KROGER SPECIALTY PHARMACY HOLDINGS 2, INC.**

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**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)**

F23000002045

(Document number of corporation (if known))

1. Kroger Specialty Pharmacy Holdings 2, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 04/07/2023

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10/04/2024

5. BioPlus Specialty Pharmacy Holdings II, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent C T Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address Plantation, Florida 33324

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Jawad

Signature of New Registered Agent, if changing

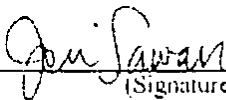
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Danielle Swenson</u>	<u>450 Headquarters Plaza, East Tower,</u>	<u>Add</u>
		<u>7th Floor, Morristown, NJ 07960</u>	<u>I Remove</u>
<u>D</u>	<u>Vincent E. Scher</u>	<u>220 Virginia Ave.</u>	<u>x Add</u>
		<u>Indianapolis, IN 46204</u>	<u>L Remove</u>
<u>Secretary</u>	<u>Kathleen S. Kiefer</u>	<u>220 Virginia Ave.</u>	<u>x Add</u>
		<u>Indianapolis, IN 46204</u>	<u>L Remove</u>
<u>Treasurer</u>	<u>Vincent E. Scher</u>	<u>220 Virginia Ave.</u>	<u>x Add</u>
		<u>Indianapolis, IN 46204</u>	<u>L Remove</u>
<u>Assistant Treasurer</u>	<u>Eric K. Noble</u>	<u>220 Virginia Ave.</u>	<u>x Add</u>
		<u>Indianapolis, IN 46204</u>	<u>I Remove</u>

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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated



(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Jori Sawan

(Typed or printed name of person signing)

Power of Attorney

(Title of person signing)

**FILING FEE \$35.00**

**Attachment to Section 9 of the Amendment to Application for Authorization for  
KROGER SPECIALTY PHARMACY HOLDINGS 2, INC.**

If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

**Officers to be removed:**

Title: VP Name: CARIN L. FLIKE  
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: VP Name: Tom Shelly  
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: Asst. Treasurer Name: JOSEPH W. BRADLEY  
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: DVPS Name: CHRISTINE WHEATLEY  
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: President Name: COLLEEN R. LINDHOLZ  
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: VP Name: DEBRA COLE  
Address: 3200 LAKE EMMA ROAD, SUITE 1000 LAKE MARY, FL 32746

**Additional Officers/Directors to ADD:**

Title: D Name: Amy K. Mulderry  
Address: One Penn Plaza, New York, NY 10019

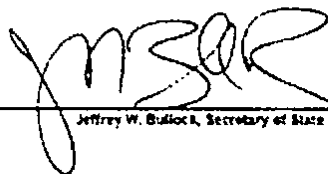
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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KROGER SPECIALTY  
PHARMACY HOLDINGS 2, INC.", FILED A RESTATED CERTIFICATE,  
CHANGING ITS NAME TO "BIOPLUS SPECIALTY PHARMACY HOLDINGS II,  
INC." ON THE FOURTH DAY OF OCTOBER, A.D. 2024, AT 3:57 O'CLOCK  
P.M.

  
Jeffrey W. Bullock, Secretary of State

5126782 8320  
SR# 20244105008

Authentication: 204776639  
Date: 11-01-24

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)