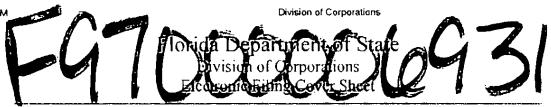
2022-07-01 12:41:15 PDT

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From: Kaity Toon

7/1/22, 2:39 PM



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HUMANA PHARMACY, INC.

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S. PRATHER

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From: Kaity Toon

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR

2022-07-01 12:41:15 PDT

AUTHORIZATION TO TRA	NSACT BUSINESS IN FLORIDA	
(Pursuant to	s. 607.1504, F.\$)	202 TAL
SEC	CTION I	2
	E COMPLETED)	
F97000006931	55E	
(Document number	of corporation (if known)	무무 로
Humana Pharmacy, Inc.		ALLAHASSEE, FLORIO
(Name of corporation as it appears of	on the records of the Department of State)	P
2. DE	12/31/1997	
(Incorporated under laws of)	(Date authorized to do business in	Florida)
4. If the amendment changes the name of the corporation, when was incorporation? 66/06/2022 5. CenterWell Pharmacy, Inc. (Name of corporation after the amendment, adding suffix "corpor not contained in new name of the corporation)	ation," "company," or "incorporated," or approp	riate abbreviation, if
(If new name is unavailable in Florida, enter alternate corporate no. 6. If the amendment changes the period of duration, indicate no.		ess in Plonda)
(New	duration)	
7. If the amendment changes the jurisdiction of incorporation, i	ridicate new jurisdiction.	
(New)	unsdiction)	
8. If the amendment changes the jurisdiction of organization, indica-	ate new jurisdiction;	
9. If the amendment changes person, title or capacity in accordance v	vith 607,1504 (4), indicate that change:	

Title/ Capacity	Name	<u>Address</u>	Type of Action
			□Remove
			□Add
			□Remove
			□Add
			ElRemove
			□Remove
			□Remove
10. Attached is a of the applicate under the laws		Madell	cated not more than 90 days prior to delivery ustody of corporate records in the jurisdiction
	(Signature of a dire a receiver or other	efor, president or other officer - if in t court appointed fiduciary, by that fid Associate Vice Presid	the hands of uciary)
Joseph M.	Ruschell	Associate Vice Presid Counsel & Corporate	lent, Assistant General Secretary
··	(Typed or printed name of person signing)	(Tith	e of person signing)

FILING FEE \$35.00

FILED
2022 JUL -1 AM 10: 44
TÄLLÄHÄSSEE, FLORIDA

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'HUMANA PHARMACY, INC.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'CENTERWELL PHARMACY, INC.' ON THE EIGHTEENTH DAY OF MAY, A.D. 2022, AT 1:27 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE ELEVENTH DAY OF JUNE, A.D. 2022.



Authentication: 203822088

Date: 07-01-22