12/18/2020

Division of Corporations

Florida Department of State Division of Comorations Electronic Filing Cover Sheet

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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:__

120 DEC 1 P AM

REGISTERED AGENT CHANGE EXPRESS SCRIPTS SERVICES COMPANY

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Corporate Filing Menu

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

statement of cha	nge is submitted for a corporat	2. 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Delawate or registered agent, or both, in the State of Florida.	_
1. The name of	the corporation: Express Scripts	Services Company	
	office address: One Express Wa		_
3. The mailing a	iddress (if different); One Expre	ess Way, St. Louis. MO 63121	_
		Document number: F99000000041	_
	i street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the terresigned)	2 0
	Corporation Service Company		2020 NFC
	1201 Hays Street		
	Tallahassee, FL 32301		xx P
6. The name and (ifchanged):	d street address of the new regis	stered agent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324	 _	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered age	nt,
Such change wa authorized by the	as authorized by resolution dule board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.	
4/2		Jennifer Kurz, Secretary	
Signatu	re of an officer or director	Printed or typed name and life	-
I further agree of my duties, ar document is be	the appointment as registered to comply with the provisions ad I am familiar with and acce ing filed merely to reflect a che s been notified in writing of th	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performa pt the obligation of my position as registered agent. Or, if t ange in the registered office address, I hereby confirm that t is change.	nce his he
Hegen!	au.	12/17/2020	
	nature of Registered Agent	Date	_
It'signing on bo	chalf of an entity:		
Stephanie Boeh	n, Assistant Secretary		
T	yped or Printed Name	<u> </u>	
	* * * FI	LING 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: