

L16000196074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

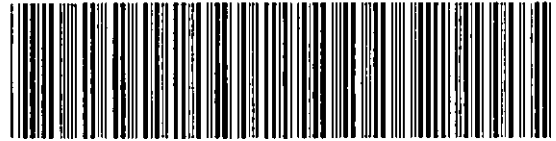
and Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Additional Instructions to Filing Officer:

J. HORNE  
FEB 21 2023

Office Use Only



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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 02/20/2023

Acc#I20160000072

*Eric D. W.*

|             |                         |
|-------------|-------------------------|
| Name:       | Optum Pharmacy 601, LLC |
| Document #: |                         |
| Order #:    | 14792625                |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/>        |
|   | Plain: <input checked="" type="checkbox"/> |
|   | COGS: <input type="checkbox"/>             |

Email Address for Annual Report Notifications:

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|                     |
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| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

|                  |
|------------------|
| Amount: \$ 25.00 |
|------------------|

Thank you!

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Optum Pharmacy 601, LLC

2. (a) 1070 E. Brandon Blvd.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 1070 E. Brandon Blvd.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

Brandon, FL 33511

Brandon, FL 33511

10/26/2016

L16000196074

3. Date of filing/registration in Florida 4. Document number

5. (a) NRAI SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 SOUTH PINE ISLAND ROAD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Timothy J. Langdon

Timothy J. Langdon

Signature of a member or authorized representative of a member

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: C T Corporation System  
Signature of Registered Agent

By: Terrie Bates, Asst. Secy.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
2023 FEB 20 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FL