

169000001823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV 13 2024

Office Use Only



600434831426

FILED

2024 NOV 12 PM 3:37

CLERK OF SUPERIOR COURT
COUNTY OF CLACKAMAS

RECEIVED

2024 NOV 12 PM 4:20

CLERK OF SUPERIOR COURT
COUNTY OF CLACKAMAS



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 11/12/24
Order #: 1674709-1
Re: Fortrea Specialty Pharmacy LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over a horizontal line.

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$30.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fortrea Specialty Pharmacy LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Fortrea Specialty Pharmacy LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000001823

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/13/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Neovance Specialty Pharmacy LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

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

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

New officers appointed

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO, Pres	Sam Osman	8045 Arco Corporate Drive, Suite 250	<input checked="" type="checkbox"/> Add
		Raleigh, NC 27617	<input type="checkbox"/> Remove
VP, Secy	Ray Hill	8045 Arco Corporate Drive, Suite 250	<input checked="" type="checkbox"/> Add
		Raleigh, NC 27617	<input type="checkbox"/> Remove
VP	Mary Balaskas	8045 Arco Corporate Drive, Suite 250	<input checked="" type="checkbox"/> Add
		Raleigh, NC 27617	<input type="checkbox"/> Remove
VP	Heather Raschtschenia	100 Technology Park, Suite 158	<input type="checkbox"/> Add
		Lake Mary, FL 32746	<input checked="" type="checkbox"/> Remove
Asst Sec	Erica Smith-Klocek	100 Technology Park, Suite 158	<input type="checkbox"/> Add
		Lake Mary, FL 32746	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Sam Osman

Signature of the authorized representative



Signer Name: Sam Osman
Signing Reason: I approve this document
Signing Time: 07 November 2024 | 18:57 GMT

014C2EB417414AA19CF37F70DA4B2D2A

Sam Osman, CEO & President

Typed or printed name of signee

Item 8. Continuation

Title/Capacity	Name	Address	Type of Action
VP	Mark Roseman	100 Technology Park, Suite 158 Lake Mary, FL 32746	Remove
VP, Treasurer	Amedeo De Risi	100 Technology Park, Suite 158 Lake Mary, FL 32746	Remove
VP	Lynne Sager	100 Technology Park, Suite 158 Lake Mary, FL 32746	Remove
General Counsel	Stillman Hanson	100 Technology Park, Suite 158 Lake Mary, FL 32746	Remove
Chief Accounting Officer	Amanda Warren	100 Technology Park, Suite 158 Lake Mary, FL 32746	Remove

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FORTREA SPECIALTY PHARMACY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NEOVANCE SPECIALTY PHARMACY LLC" ON THE FIRST DAY OF NOVEMBER, A.D. 2024, AT 11:41 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.




Jeffrey W. Bullock, Secretary of State

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