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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RESTAT, LLC

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DET 2 2 2014

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Restat, LLC Name of Foreig	n Limited Liability Com	ралу
Dear Sir or Madam:	-	
Dear on or made		
The enclosed application, certificate and fee(s)	are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following	g:
Name of Person		
C T Corporation System		
Firm/Company		
515 East Park Avenue		
Address	·····	
Tallahassee, FL 32301		
City/State and Zip Code		
christine.feldman@catamaranrx.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter,	please call:	
Name of Person	Area Code & Dayti	me Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount \$25 Filing Fee \$ Certificate of Status CR2E055 (12/13)	t: \$55 Filing Fee & Certified Copy	□ \$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 (1-3 must be completed)

Name of limited liability Company as it appears on the records of the Florida Dep State: Restat, LLC	partment of	
2. Jurisdiction of its organization: Wisconsin		
3. Date authorized to do business in Florida: 01/28/2011		
SECTION II (4-7 complete only the applicable changes)		
4. New name of the limited liability company: Catamaran PBM Services, LLC		
(must contain "Limited Liability Company, " "L	.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting but Florida and attach a copy of the written consent of the managers or managing members the alternate name. The alternate name must contain "Limited Liability Company," or "LLC.") 5. If the amendment changes the jurisdiction of organization, indicate new jurisdict	ers adopting "L.L.C."	
6. If the amendment changes person, title or capacity in accordance with 605.0902 (that change:	(1)(e), indicate	
7. Attached is an original certificate, if required: no more than 90 days old, evidence aforementioned amendment(s), duly authenticated by the official having custody jurisdiction under the law of which this entire is organized. Signature of the authorized representative Jeffrey G. Park Typed or printed name of signee Filing Fee: \$25.00	ing the of records in the SECRETARY OF STATE TALLAHASSEE, FLORID	

TEMPLATE 2011

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that an Amendment to the Articles of Organization was filed with this department January 16, 2014 changing the name of RESTAT, LLC to the present name of CATAMARAN PBM SERVICES, LLC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 21, 2014.

George Petak

GEORGE PETAK, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

BY:

athy/Nicke Son

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.