

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/01/2024

Acc#I20160000072

en: c DW

Name:	KROGER SPECIALTY PHARMACY FL 2, LLC
Document #:	
Order #:	15945487

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:	

FILED
2024 NOV - 1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address for Annual Report Notifications:

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

Amount: \$ **55.00**

Thank you!

**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: KROGER SPECIALTY PHARMACY FL 2, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

6435 Hazeltine National Drive, Suite 140, Orlando, FL 32822

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

220 Virginia Ave, Indianapolis, IN 46204

2. The Florida document number of this limited liability company is: M11000002437

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 05/12/2011

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

5. New name of the limited liability company: BioPlus Specialty Pharmacy FL 2, 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

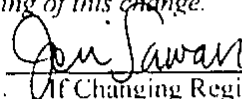
Florida 33324

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.



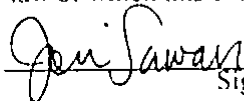
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Danielle Swenson	450 Headquarters Plaza, East Tower	<input checked="" type="checkbox"/> Add
		7th Floor, Morristown, NJ 07960	<input type="checkbox"/> Remove
Manager	Vincent E. Scher	220 Virginia Ave.	<input checked="" type="checkbox"/> Add
		Indianapolis, IN 46204	<input type="checkbox"/> Remove
MGRM	Kroger Specialty Pharmacy Holdings 3, LLC	3200 Lake Emma Road Suite 100	<input type="checkbox"/> Add
		Lake Mary, FL 32746	<input checked="" type="checkbox"/> Remove
Manager	Amy K. Mulderry	One Penn Plaza	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.



Signature of the authorized representative

Jori Sawan

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'KROGER SPECIALTY
PHARMACY FL 2, LLC', FILED A RESTATED CERTIFICATE, CHANGING ITS
NAME TO 'BIOPLUS SPECIALTY PHARMACY FL 2, LLC' ON THE FOURTH DAY
OF OCTOBER, A.D. 2024, AT 3:47 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

4940666 8320
SR# 20244103930

Authentication: 204776073
Date: 11-01-24

You may verify this certificate online at corp.delaware.gov/authver.shtml