

M13000007860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

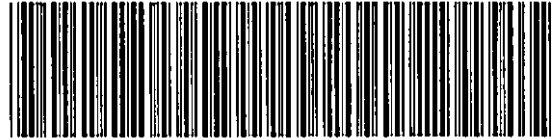
(Business Entity Name)

(Document Number)

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06/26/18--01010--033    \*\*25.00

SECRETARY OF STATE  
SAN FRANCISCO, CALIFORNIA

18 JUN 26 AM 11:30

FILED

K. SALY

JUN 28 2018



**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Sand Pharmacy Ormond Beach 03227 LLC

Enter new principal office address, if applicable: 19329 N. Pennsylvania Street, Suite 100  
Indianapolis, IN 46280  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 19329 N. Pennsylvania Street, Suite 100  
Indianapolis, IN 46280  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M13000007860

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/11/2013

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

5. New name of the limited liability company: \_\_\_\_\_  
(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*

\_\_\_\_\_  
City Florida 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

Jay D. Stein and David N. Eskenazi

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Jay D. Stein</u>	<u>10689 N. Pennsylvania St., Ste. 100</u>	<input checked="" type="checkbox"/> Add
		<u>Indianapolis, IN 46280</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>David N. Eskenazi</u>	<u>10689 N. Pennsylvania St., Ste. 100</u>	<input checked="" type="checkbox"/> Add
		<u>Indianapolis, IN 46280</u>	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Melanie K. Luker</u>	<u>One CVS Drive</u>	<input type="checkbox"/> Add
		<u>Woonsocket RI 02895</u>	<input checked="" type="checkbox"/> Remove
<u>Authorized Member</u>	<u>CVS Pharmacy, Inc.</u>	<u>One CVS Drive</u>	<input type="checkbox"/> Add
		<u>Woonsocket RI 02895</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Carol A. Denale</u>	<u>One CVS Drive</u>	<input type="checkbox"/> Add
		<u>Woonsocket RI 02895</u>	<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.

See next page

Signature of the authorized representative

Jay D. Stein

Typed or printed name of signee

Filing Fee: \$25.00

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:

Jay D. Stein and David N. Eskenazi

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Thomas S. Moffatt</u>	<u>One CVS Drive</u>	<input type="checkbox"/> Add
		<u>Woonsocket RI 02895</u>	<input checked="" type="checkbox"/> Remove
<u>Asst. Secretary</u>	<u>Linda M. Cimbron</u>	<u>One CVS Drive</u>	<input type="checkbox"/> Add
		<u>Woonsocket RI 02895</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Signature of the authorized representative

Jay D. Stein

Typed or printed name of signee

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