113000007860

| (1) | 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: |
| | |
| | |
| | |

Office Use Only



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K. SALY
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COVER LETTER

| | | stration Sec sion of Corp | | | |
|------------|---------------|------------------------------|---|---|---|
| eun Ire | | | macy Ormond Beach 03227 | LLC | |
| SUBJEC | . I: <u>.</u> | | Name of Limi | ited Liability Company | ··- <u> </u> |
| The enclo | osed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please ret | turn | all correspon | idence concerning this matter | to the following: | |
| | | | Brenda Harper | | |
| | | | • | Name of Person | |
| | | | Sandor Development Co | ompany LLC | |
| | | | | Firm/Company | |
| | | | 5725 N. Scottsdale Road | d, Suite C-195 | |
| | | | | Address | |
| | | | Scottsdale, AZ 85250 | | |
| | | | | City/State and Zip Code | |
| | | | legalnotices@sandordev. | | |
| | | | E-mail address: (t | to be used for future annual report | notification) |
| For furthe | er in | formation co | ncerning this matter, please ca | all: | |
| Brenda I | Harp | per | | at () 949-90° Area Code Da | 11 |
| | | Name of | Person | Area Code Da | viime Telephone Number |
| Enclosed | is a | check for the | e following amount: | | |
| \$25.0 |)0 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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)

| 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: Sand Pharmacy Ormond Beach 03227 LLC Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address if applicable: (Atailing address MAY BE A POST OFFICE BOX) 19329 N. Pennsylvania Street, Suite 100 Indianapolis, IN 46280 19329 N. Pennsylvania Street, Suite 100 Indianapolis, IN 46280 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.") (If nameding the registered agent and/or the new registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Address: Enter Florida Street Address Florida | (Principal office address | 100 M |
|---|--|-----------------|
| 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: Delaware 4. Date authorized to do business in Florida: Delaware 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 | (Principal office address | [3] [3] |
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| Name of New Registered Agent: New Registered Office Address: Enter Florida Street Address | copy of the written consent of the managers or managing members adopting the alternate name. The alternate nam | ıe |
| New Registered Office Address: Enter Florida Street Address | | |
| Enter Florida Street Address | Name of New Registered Agent: | |
| | New Registered Office Address: | |
| Florida | | |
| City Zip Code | City Florida Zip Code | |

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.

| <u>Name</u> | Address Type of Action | | |
|--------------------|---|--|--|
| Jay D. Stein | 10689 N. Pennsylvania St., Ste. 100 | | |
| | Indianapolis, IN 46280 Remove | | |
| David N. Eskenazi | 10689 N. Pennsylvania St., Ste. 100 | | |
| | Indianapolis, IN 46280 Remove | | |
| Melanie K. Luker | One CVS Drive | | |
| | Woonsocket RI 02895 | | |
| CVS Pharmacy, Inc. | One CVS Drive | | |
| | Woonsocket RI 02895 Remove | | |
| Carol A. Denale | One CVS Drive | | |
| | Woonsocket RI 02895 | | |
| | Jay D. Stein David N. Eskenazi Melanie K. Luker CVS Pharmacy, Inc. | | |

Filing Fee: \$25.00

| Title/ Capacity | <u>Name</u> | Address | Type of Action |
|-----------------|--|---|----------------|
| P | Thomas S. Moffatt | One CVS Drive | Add |
| | | Woonsocket RI 0289 | 95 Remove |
| Next Secretary | Linda M. Cimbron | One CVS Drive | Add |
| | | Woonsocket RI 0289 | 95 Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add Remove |
| aforementio | a certificate, if required: no more than 90 ned amendment(s), duly authenticated by under the law of which this entity is organized. | y the official having custody of records in the | NOF |

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Filing Fee: \$25.00