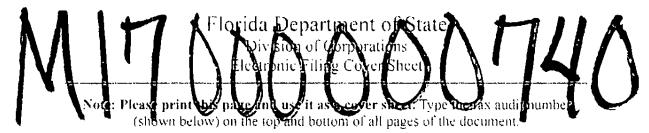
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

mail	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OPTUMRX PBM OF MARYLAND, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

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

From Kaity Toon

## SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appear		epartment of	
State: OPTUMRX PBM OF MARYLAND, LLC			
Enter new principal office address, if applicable:	11000 Optum Circle		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Eden Prairie, MN 55344		
Enter new mailing address, if applicable:	11000 Optum Circle	<del></del>	
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	### Honor Optum Circle  Eden Prairie, MN \$5344  #### ##############################		
		-,	5023
2. The Florida document number of this limited lia			JAN -
			C)
4. Date authorized to do business in Florida: $\frac{01/20}{1}$	0/2017	:	
SECTION II (5-9 complete only the applicable of		٠.	
<ol> <li>New name of the limited liability company:</li></ol>	t contain "Limited Liability Con	pany, ""L.L.C.," or "L.L.C."	)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manual contain "Limited Liability Company," "L.L.C	naging members adopting the alt	isiness in Florida and attach a ernate name. The alternate na	i ime
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records <u>ldress here:</u>	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	Street Address	
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this capaci and complete performance of m ered agent as provided for in Ch in the registered office address.	duties, and Lum familiar wit apter 605, F.S. Or, if this	th

tle/ Capacity	Name	Address	Type of tester
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aforementioned amount	ne law of which this entity is organize	official having custody of records in the d.	□Remo
	Signature of the	authorized representative	

Filing Fee: \$25.00