

M17 000000762

2/17/2017 4:07:13 PM CST

195-980845 From: Ranae McGraw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALBERTSONS COMPANIES SPECIALTY PHARMACY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE HONOR ORIGINAL DATE 02-15-17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albertsons Companies Specialty Pharmacy, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candace Cooper

Name of Person

Albertsons LLC

Firm/Company

250 E Parkcenter Blvd.

Address

Boise, ID 83706

City/State and Zip Code

candace.cooper@albertsons.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candace Cooper

Name of Person

at (208)

395-5515

Area Code & Daytime 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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2F055 (9/15)

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: Albertsons Companies Specialty Pharmacy, LLC

Enter new principal office address, if applicable: No Change

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000000762

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 1/27/2017

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

5. New name of the limited liability company: Albertsons Companies Specialty Care, 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: No Change

New Registered Office Address: No Change

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:

No Change

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

No Change

Title/ Capacity	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input 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
			<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.

Laura A. Donald

Signature of the authorized representative

Laura A. Donald

Typed or printed name of signer

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALBERTSONS COMPANIES
SPECIALTY PHARMACY, LLC", FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO "ALBERTSONS COMPANIES SPECIALTY CARE, LLC"
ON THE NINTH DAY OF FEBRUARY, A.D. 2017, AT 9:39 O'CLOCK A.M.



6263557 8320
SR# 20170925698

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202043512
Date: 02-15-17

850-617-8381

2/16/2017 9:18:15 AM PAGE 1/001 Fax Server

PLEASE HONOR ORIGINAL DATE 02-15-17



February 16, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALBERTSONS COMPANIES SPECIALTY PHARMACY, LLC
250 PARKCENTER BLVD.
BOISE, ID 83706US

SUBJECT: ALBERTSONS COMPANIES SPECIALTY PHARMACY, LLC
REF: M17000000762

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H17000044592
Letter Number: 517A00003058

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA