2017-04-11 08:37 21 CST

12122023573 From; Kimberly Laughrey

4/11/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000990573)))



H170000990573ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 future annual report mailings. Enter only one email address please.

Fmail Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CVS HEALTH CENTERS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS APR 1 2 2017

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 Compar	ny as it appears on the records of the Florida Departm	nent of
State: CVS Health Centers, L.L.C.		
2. The Florida document number of this l	limited liability company is: M17000002389	17 8%
3. Jurisdiction of its organization: Delaw	vare	· · · · · · · · · · · · · · · · · · ·
4. Date authorized to do business in Flor	rida: 03/21/2017	
SECTION II (5-9 complete only the ap	pplicable changes)	
5. New name of the limited liability com	npany: CVS AOC Services, L.L.C.	
· · · · · · · · · · · · · · · · · · ·	(must contain "Limited Liability Company, " "L.L.C.," or "	L(C.")
5. If amending the registered agent and/o	or registered office address on our records, enter the	name of
5. If amending the registered agent and/o the new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	or registered office address on our records, enter the registered office address here:	name of
the new registered agent and/or the new I	or registered office address on our records, enter the	name of
the new registered agent and/or the new I	or registered office address on our records, enter the registered office address here: Enter Florida Street Address , Florida	
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if charter accept the appointment as registeredly with the provisions of all statutes buties, and I am familiar with and accept provided for in Chapter 605, F.S. Or, if the statutes of the	or registered office address on our records, enter the registered office address here: Enter Florida Street Address City Zip Co	er agree to fmy as see in the

.e;

ŧ!

itle/ Capacity	<u>Name</u>	Address	Type of Action
			Add
	•	No	□ Remove
		÷,	Add =
			□ Remove
P			DAdd
			☐ Remove C
weekler state			□ Add
			□ Remove
		***************************************	D Add
			□ Remove

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 "CVS HEALTH CENTERS,

L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"CVS AOC SERVICES, L.L.C." ON THE SIXTH DAY OF APRIL, A.D. 2017,

AT 11:34 O'CLOCK A.M.

Authentication: 202356504

Date: 04-11-17