

M 2300000 4603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____

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TALLAHASSEE, FL

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/06/2024

Acc#I20160000072

mic DJH

Name:	KROGER SPECIALTY PHARMACY LA, LLC
Document #:	
Order #:	15945487

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<div>FILED</div> <div>2024 NOV -6 AM 11:16</div> <div>SECRETARY OF STATE</div> <div>TALLAHASSEE, FL</div>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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		Number of Certs:	

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Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kroger Specialty Pharmacy LA, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

kimberly.lindley@elevancehealth.com

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

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TALLAHASSEE, FL

**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: Kroger Specialty Pharmacy LA, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

2731 Manhattan Blvd, Suite B17, Harvey, LA 70058

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

220 Virginia Ave, Indianapolis, IN 46204

2. The Florida document number of this limited liability company is: M23000004603

3. Jurisdiction of its organization: LA

4. Date authorized to do business in Florida: 04/07/2023

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

5. New name of the limited liability company: BioPlus Specialty Pharmacy LA, 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

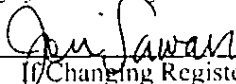
Florida 33324

City

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

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TALLAHASSEE, FL

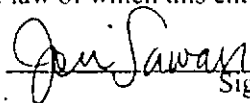
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Danielle Swenson	450 Headquarters Plaza, East Tower	<input checked="" type="checkbox"/> Add
		7th Floor, Morristown, NJ 07960	<input type="checkbox"/> Remove
Manager	Vincent E. Scher	220 Virginia Ave.	<input checked="" type="checkbox"/> Add
		Indianapolis, IN 46204	<input type="checkbox"/> Remove
Manager	Amy K. Mulderry	One Penn Plaza	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<input type="checkbox"/> Remove
VP	DEBRA COLE	3200 LAKE EMMA ROAD SUITE 1000	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Remove
p	COLLEEN R. LINDHOLZ	1014 VINE STREET	<input type="checkbox"/> Add
		CINCINNATI, OH 45202	<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.



Signature of the authorized representative

Jori Sawan

Typed or printed name of signee

Filing Fee: \$25.00

Attachment to Section 8 of the Amendment to Certificate of Authority for

KROGER SPECIALTY PHARMACY LA, LLC

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

Additional Officers/Managers to be removed:

Title: MGR, MBR Name: KROGER SPECIALTY PHARMACY HOLDINGS 2, INC.
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: VP Name: CARIN L. FLIKE
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: VP Name: Tom Shelly
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: Asst. Treasurer Name: JOSEPH W. BRADLEY
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: VPS Name: CHRISTINE W. WHEATLEY
Address: 1014 VINE STREET CINCINNATI, OH 45202

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TALLAHASSEE, FL



Nancy Landry
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

BIOPLUS SPECIALTY PHARMACY LA, LLC

An OHIO limited liability company domiciled at BATON ROUGE,

Filed charter and qualified to do business in this State on September 26, 2007,

I further certify the records of this Office indicate the following previous name(s):

TOTAL LIFE CARE RX PHARMACY, L.L.C. (Changed: 10/06/2016)

KROGER SPECIALTY PHARMACY LA, LLC (Changed: 10/09/2024)

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

November 6, 2024

Nancy Landry

Secretary of State

SS 36551152K



Certificate ID: 11953883#2N83

To validate this certificate, visit the following web site,
go to **Business Services**, **Search for Louisiana**
Business Filings, **Validate a Certificate**, then follow
the instructions displayed.
www.sos.la.gov