

P00000000 6220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

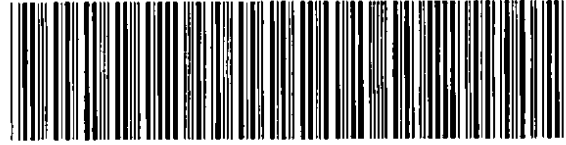
(Business Entity Name)

(Document Number)

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

**Date:** 11/01/2024  
Acc#120160000072

*en: c DW*

Name:	BioPlus Specialty Pharmacy, Inc.
Document #:	
Order #:	15945487

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ 55.00

*443/25*

Thank you!

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Articles of Amendment  
to  
Articles of Incorporation  
of

BioPlus Specialty Pharmacy Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000006220

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

220 Virginia Ave, Indianapolis, IN 46204

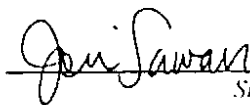
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent C T Corporation System  
1200 South Pine Island Road.  
(Florida street address)

New Registered Office Address: Plantation, Florida 33324  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Danielle Swenson</u>	<u>450 Headquarters Plaza,</u> <u>East Tower, 7th Floor,</u> <u>Morristown, NJ 07960</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Vincent E. Scher</u>	<u>220 Virginia Ave.</u> <u>Indianapolis, IN 46204</u> <u>220 Virginia Ave.,</u> <u>Indianapolis, IN 46204</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Kathleen S. Kiefer</u>	<u>220 Virginia Ave.,</u> <u>Indianapolis, IN 46204</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Vincent E. Scher</u>	<u>220 Virginia Ave.,</u> <u>Indianapolis, IN 46204</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AT</u>	<u>Eric K. Noble</u>	<u>220 Virginia Ave.,</u> <u>Indianapolis, IN 46204</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Amy K. Mulderry</u>	<u>One Penn Plaza</u> <u>New York, NY 10019</u>

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INDIANAPOLIS, IN

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E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

See attachment

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

Dated 11/01/2024 \_\_\_\_\_

Signature

Jori Sowan

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jori Sowan

\_\_\_\_\_  
(Typed or printed name of person signing)

Power of Attorney

\_\_\_\_\_  
(Title of person signing)

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**Attachment to Articles of Amendment to Articles of Incorporation of**

**BIOPLUS SPECIALTY PHARMACY, INC.**

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

**Officers to be removed:**

Title: VP, Treasurer    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: Director, VP, Secretary    Name: CHRISTINE WHEATLEY  
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: President    Name: COLLEEN R. LINDHOLZ  
Address: 1014 VINE STREET CINCINNATI, OH 45202

Title: VP    Name: DEBRA COLE  
Address: 3200 LAKE EMMA ROAD, SUITE 1000 LAKE MARY, FL 32746

Title: Asst. Secretary    Name: DOROTHY D. ROBERTS  
Address: 1014 VINE STREET CINCINNATI, OH 45202

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