

State of Rhode Island
Department of State - Business Services DivisionREC'D RIDOS BSD
24 DEC 9 PM 1:12:33

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

| | | |
|---|--|--------------------|
| 1. Entity ID Number 000736926 | 2. Exact Name of the Limited Liability Company BioPlus Specialty Pharmacy FL 2, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BLVD, STE 200 | | |
| City/Town WARWICK | State RHODE ISLAND | Zip 02888 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY | | |
| 5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | |
| City/Town East Providence | State RHODE ISLAND | Zip 02914 |
| 6. The name of the NEW resident agent is: C T Corporation System | | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) _____ | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct. | | |
| Name of Authorized Person of the Limited Liability Company Kara Korosec, Manager | | Date 11/01/2024 |
| Signature of Authorized Person of the Limited Liability Company | | |

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY
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