Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Change of Principal Office Address

0982630 Michael G. Adams KY Secretary of State Received and Filed 5/11/2023 1:09:13 PM Fee receipt: \$10.00

POC

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

PROCARE PHARMACY, L.L.C.

and for that purpose submits the following statements:

ONE CVS DRIVE, MC 1160 WOONSOCKET, RI 02895 3. Authorized Signature of Entity Natalie Pickens, Power of Attorney Signature and Title Natalie Pickens, Power of Attorney Type or print name and title	WOONSOCKET, RI 02895 3. Authorized Signature of Entity Natalie Pickens, Power of Attorney Signature and Title Natalie Pickens, Power of Attorney	1. Address of current principal office	2. Principal office is hereby changed to:
Natalie Pickens, Power of Attorney Sgnature and Title Natalie Pickens, Power of Attorney Type or print name and title	Natalie Pickens, Power of Attorney Sgnature and Title Natalie Pickens, Power of Attorney Type or print name and title 5/11/2023		
Natalie Pickens, Power of Attorney Sgnature and Title Natalie Pickens, Power of Attorney Type or print name and title	Natalie Pickens, Power of Attorney Sgnature and Title Natalie Pickens, Power of Attorney Type or print name and title 5/11/2023	X	
Sgnature and Title Natalie Pickens, Power of Attorney Type or print name and title	Sgnature and Title Natalie Pickens, Power of Attorney Type or print name and title 5/11/2023	3. Authorized Signature of Entity	
Natalie Pickens, Power of Attorney Type or print name and title	Natalie Pickens, Power of Attorney Type or print name and title 5/11/2023		
Type or print name and title	Type or print name and title 5/11/2023	Sgnature and Title	
Letter VIDER were VEVIDIDE	5/11/2023	Natalie Pickens, Power of Attorney	
		Type or print name and title	CA-VASS-
5/11/2023	Date	5/11/2023	D WE WE
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