

Section 1: \$10.00  
Section 2: \$10.00  
Sections 1 and 2: \$20.00



**0786844.06** mmoore  
POC  
**Michael G. Adams**  
Kentucky Secretary of State  
Received and Filed:  
10/9/2023 1:09 PM  
Fee Receipt: \$10.00

**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**Division of Business Filings**  
**Business Filings**  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490

Statement of Change  
Principal Office Address, Registered Agent  
and/or Registered Office Address

RAC  
POC

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies to change one or all of the following: the principal office address, the registered agent and/or registered office address on behalf of

**McKesson Plasma and Biologics LLC**

and for that purpose submits the following:

(The name must be identical to the name on record with the Secretary of State.)

**1. Principal office address currently on file:**

**Principal office is hereby changed to:**

2615 Medical Center Parkway, Suite 1580,  
**Murfreesboro, TN 37126**

170 Clermont Road, Suite C  
**Shepherdsville, KY 40165**

**2. Registered agent currently on file:**

**Registered agent is hereby changed to:**

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
I consent to serve as the registered agent on behalf of the business entity.  
 Signature: \_\_\_\_\_

**Registered office address currently on file:**

**Registered office address is hereby changed to (must be a Kentucky street address):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fee: The fees for changing 1 or all of the following: Section 1 is \$10. Section 2 is \$10. Section 1 and 2 is \$20.**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

DocuSigned by:  
**X** *Juliet Pate*  
Signature of Authorized Agent

**Juliet Pate**  
Printed Name

October 3, 2023  
Date

**FILING INSTRUCTIONS**  
**STATEMENT OF CHANGE OF PRINCIPAL OFFICE ADDRESS, REGISTERED AGENT, AND/OR REGISTERED OFFICE**

**NAME**

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

**PRINCIPAL OFFICE ADDRESS**

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

**REGISTERED OFFICE AND REGISTERED AGENT**

The registered office of the business entity must be in Kentucky and maintain street address or other specific location (Highway, Rural Route, Building etc.) A post office box is insufficient for the registered office address. The registered agent shall be an individual resident of this Commonwealth, a Kentucky corporation, a Kentucky nonprofit corporation, a Kentucky limited liability company, a foreign corporation, a foreign nonprofit corporation, a foreign limited liability authorized to transact business in Kentucky. The company seeking formation shall not act as its own registered agent. The registered agents address must be identical with the registered office.

**CONSENT OF REGISTERED AGENT**

The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**WHO MAY SIGN**

The document must be signed by an officer, chairman of the board, member, manager, partner or trustee.

**NUMBER OF COPIES**

When filing online, no copies are required. If filing via mail or in person, one exact copy of the document with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**FILING FEE**

The filing fee for changing a principal office is \$10.00. The filing fee for changing the registered agent or registered office address is \$10.00. The fee for changing the principal office address and either the registered agent or the registered agent address is \$20.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Alison Lundergan Grimes  
Office of the Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call 502-564-3490.

**Certificate Of Completion**

Envelope Id: EC269F8B043241BF4F474F1A143268CB	Status: Completed
Subject: Complete with DocuSign: KY.LLC.Amend.pdf	
Business Unit: Legal	
Clinician NPI:	
Practice TIN:	
Practice Name:	
DocType:	
Submission Year:	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Rose Hernandez
Time Zone: (UTC-06:00) Central Time (US & Canada)	10101 Woodloch Forest
	The Woodlands, TX 77380
	Rose.Hernandez@McKesson.com
	IP Address: 99.40.97.247

**Record Tracking**

Status: Original	Holder: Rose Hernandez	Location: DocuSign
10/3/2023 12:03:49 PM	Rose.Hernandez@McKesson.com	

**Signer Events**

Juliet Pate  
 Juliet.Pate@McKesson.com  
 Managing Chief Counsel  
 McKesson  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
 EE810AED0DA041C...  
 Signature Adoption: Uploaded Signature Image  
 Using IP Address: 107.115.108.3  
 Signed using mobile

**Timestamp**

Sent: 10/3/2023 12:13:24 PM  
 Viewed: 10/3/2023 5:14:00 PM  
 Signed: 10/3/2023 5:14:33 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 11/4/2022 9:27:58 AM  
 ID: 24829c9b-4c7e-4c7b-b8a3-cbe318372b4e

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

**Witness Events**

**Signature**

**Timestamp**

**Notary Events**

**Signature**

**Timestamp**

**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent	Hashed/Encrypted	10/3/2023 12:13:24 PM
Certified Delivered	Security Checked	10/3/2023 5:14:00 PM
Signing Complete	Security Checked	10/3/2023 5:14:33 PM
Completed	Security Checked	10/3/2023 5:14:33 PM

**Payment Events**

**Status**

**Timestamps**



## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, McKesson Specialty Health (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you may be charged a fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **To change your e-mail address**

To let us know of a change in your e-mail address, in the body of your request, please provide: your previous e-mail address and your new e-mail address. .

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account and follow the process for changing e-mail addresses in DocuSign.

**To request paper copies**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [mshlegalesign@mckesson.com](mailto:mshlegalesign@mckesson.com) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number.

**To withdraw your consent to electronic notices**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or ;
- ii. send us an e-mail to [mshlegalesign@mckesson.com](mailto:mshlegalesign@mckesson.com) and in the body of such request, must state your e-mail, full name, US Postal Address, telephone number, and account number. . .

**Required hardware and software \*\***

Operating Systems:	Windows2000 or WindowsXP
Browsers (for SENDERS):	Internet Explorer 6.0 or above
Browsers (for SIGNERS):	Internet Explorer 6.0, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> <li>•Allow per session cookies</li> <li>•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection</li> </ul>

\*\* These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this ELECTRONIC RECORD AND SIGNATURE DISCLOSURE; and
- I can print on paper the Disclosure or save or send the Disclosure to a place where I

can print it, for future reference and access; and

- Until or unless I notify McKesson Specialty Health as described above, I consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by McKesson Specialty Health during the course of my relationship with McKesson Specialty Health.