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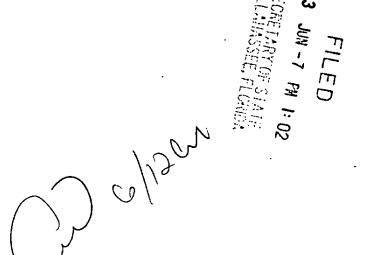
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corporations NAME OF CORPORATION: Rx Rquerse Distributors Inc. DOCUMENT NUMBER: POSOOO 320 25 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel Clemente
Name of Contact Person Rx Reverse Distributors, Inc. 9255 US Highway 1 Sebastian FL 32958
City/ State and Zip Code delemente Orxid. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (772) 388-1212

Area Code & Daytime Telephone Number Daniel Clemente Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

to

RX REVERSE DISTRI	BUTO RS	INC.				
(Name of Corporation as currently	-		te)			
POS 000032025						
(Document Number of	of Corporation (if	known)				
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this F	lorida Profit Corp	ooration adop	pts the following	amendn	nent(s)
A. If amending name, enter the new name of the	corporation:					
					The ne	w
name must be distinguishable and contain the we						
"Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the			ai corporati	on name musi co	ntain ti : 🛥	ne .
Trois chartered, projessional association, of the					w	
B. Enter new principal office address, if applicab				<u> </u>	يے	
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)			53	\geq	1
				설 국	-7	
				- 23	~~	Ш
				5	32	\cup
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	AV)				•	
(Mutting address MAI BE A POST OFFICE B	<u>01</u>				င္သ	
			· · · · · · · · ·	 		
D. If amending the registered agent and/or registered	ered office addre	ss in Florida, ent	er the name	of the		
new registered agent and/or the new registered				•		
Name of New Pagistered Agest						
Name of New Registered Agent						
		<u></u>				
	(Florida stree	et address)				
New Registered Office Address:			, Florida			
	(City)	<u> </u>		(Zip Code)		
New Registered Agent's Signature, if changing Re	egistered Agent:					
I hereby accept the appointment as registered agent.	I am familiar wi	ith and accept the	obligations o	of the position.		
Signature of I	Vew Registered Ag	gent, if changing	······································			

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: X Change	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		Address
1) Change	V Danie	. Clemente	1265 Near Ocean Dr
X_ Add			Vero Beach FL 32963
Remove			
2) Change	S Amy	Clemente	SS65 62nd Lone Vero Beach FL 32967
X Add			NEID BEECH LE 3446 1
Remove 3) Change			***************************************
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	
	
	
	
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	harry and a self and an arranged and a self-transfer
an amenument provides for an excition the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	onemon, it not contained in the americanion, asom
,	
,	

The date of each amendment(s) adoption: 12/29/2007
i ne date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 6 3 3013 Signature
(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)
Brian Clemente (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)