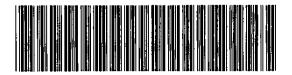
## P/200021873

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u>.</u>
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KIP P	harmacy Service	es Inc.		
DOCUMENT NUMB	ER: P	12000021873			
The enclosed Articles of	of Amendment and fee are su	ubmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	ı	MS. Chie Hoban			
-	Name of Contact Person				
_	total business services inc				
	Firm/ Company				
_	8840 S W 67 Court				
	Address				
_	Miami, FL 33156-1700				
		City/ State and Zip Cod	e		
		miyong99@hot	tmail.com		
<del></del>	E-mail address: (10 be tr	<b>Q関系文文</b> 住名の文文文の数 Sed for future annual report	notification)		
	,	·			
For further information	concerning this matter, plea	ca call:	**		
Torrardier information	concerning this matter, piea	sc can.			
Chie	Hoban	at ( <u>30</u> 5	5) 593-5819		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\			:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Mail</u>	ing Address	Street	Address		
	ndment Section		Amendment Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

end of the control of

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

KIP Pharmacy Services Inc.		
(Name of Corporation as currently filed with the Florida Dept. of Sta	ıte)	
P12000021873		
(Document Number of Corporation (if known)		
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts th Articles of Incorporation:	e following	amendment
If amending name, enter the new name of the corporation:		
KIP PHARMACY CONSULTANTS, INC.		The new
me must be distinguishable and contain the word "corporation," "company," or "incorporated" forp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation no rd "chartered," "professional association," or the abbreviation "P.A."	or the abi	breviation ontain the
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS )		
		<del></del>
		<del> </del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maining dualess MAT BE A FOST OFFICE BOX)		
		<del>ज</del>
If amending the registered agent and/or registered office address in Florida, enter the name of the		AON S
new registered agent and/or the new registered office address:		F1E
new registered agent and/or the new registered office address:	96.5	9 =
Name of New Registered Agent	<u> </u>	Per
		-9 AM
		Per
Name of New Registered Agent		Per

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Changa			
4) Change			
Add Remove			
Kellove			
5) Change			
Add			
Remove			
o at			
6) Change			
Add			
Remove			

(Be specific)
<del>-</del>
ange, reclassification, or cancellation of issued shares,
ndment if not contained in the amendment itself:

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)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
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	
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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	