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COVER LETTER

Division of Corporations Saint George NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company maher hanna 60@ yahoo. 6m mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 386 334 9494 386-868-8867 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & \$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Arti	cles of Amendment to	SE n	201
Artic	les of Incorporation	<u> </u>	: }= -;
Saint George pharmacy (Name of Corporation as currently filed w	of TnC tith the Florida Dent. of State)	HASSEC.	75 - T
D 1200000 3701	,		
(Document Number of Corp	oration (if known)	<u> </u>	<i>∴</i>
Pursuant to the provisions of section 607.1006, Florida Statiits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following		adment(s) to
A. If amending name, enter the new name of the corpora	<u>.</u> Rtion:		
G-PORGE DHORMACY	/ Tnc.	The	n <i>o</i> w
name must be distinguishable and contain the word 'cc "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or to nc," or "Co". A professional corporation name n	he abbrevio	ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	2566 South Atl Ave, Daytona Beach	antic	<i>e</i> S.
	FL 32118		<i></i>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3047 South Atlant		
	unit #801, Daytona Bea	ch sh	ires,
		,	
HAD In the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:		
Name of New Registered Agent			
	Florida street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code	;)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	d Agent: familiar with and accept the obligations of the positi	ion.	
Signature of New Reg	gistered Agent, 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u> </u>	<u> </u>		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				-
Remove				
4) Change		_		
Add				
Remove				,
5) Change		_		
Add				
Remove				
6) Change	· · · · · · · · · · · · · · · · · · ·	-		
Add				
Remove				

(Attach addi	g or adding additions itional sheets, if necess	sary). (Be spec	cific)		
					
				·	
· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·	
 			<u></u>		
If an ameno	dment provides for a	n exchange, rec	lassification, or o	ancellation of issue	d shares,
provisions	dment provides for a for implementing th	e amendment if	not contained in	the amendment its	elf:
(if not	applicable, indicate N	//A)			
••		,		· · · · · · · · · · · · · · · · · · ·	
·					
				, , , , , , , , , , , , , , , , , , , ,	

The date of each amendment(s) adoption: g 8 / 18 / 2 = 3 date this document was signed.	_, if other than the
Effective date if applicable: 68/19/2013 (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)	
☐ 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 08/18/20/3	
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)	_
Rania T. Saad Q VV an W. Kh (Typed or printed name of person signing)	ra lil
officer, Incorporator & officer, Incorporator	