P13000049459

(Requestor's Name)		
(Address)	—	
(Address)	_	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: Tephene Brown GAVE JTHOHIZATION BY PHONE TO CORRECT Remove Thodi Bryan DATE 5/17/17 DOC. EXAM 1/1	1 (4)	

Office Use Only



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DIVISION OF CORPORATION

V HERRING MAY 1 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

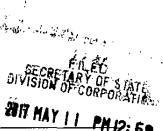
NAME OF CORPORA	ATION: MED CARE CHO	ICE PHARMACY, INC				
DOCUMENT NUMBE	P13000049450					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	TREPHENE BROWN					
-		Name of Contact Person	1			
	MED	CARE CHOICE PHARMA	ACY, INC			
-		Firm/ Company				
	146 N FEDERAL HWY					
_	Address					
		DEERFIELD BEACH, FI	L 33442			
-		City/ State and Zip Code	e			
		admin@pharmacydme.	com			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
TREPHENE BROWN		at (245-8883			
Name of Contact Person		Area Co	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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of





(Name of Corporation as currentl	v filed with the Florida Dept. of State)	
P13000049459		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	TREPHENE BROWN	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	146 N FEDERAL HWY	
	DEERFIELD BEACH, FL 33441	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida str	eet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar v		

Signature of New Registered 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.

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	P	JHODI BRYAN	146 N FEDERAL HWY
Add			DEERFIELD BEACH, FL 33441
X Remove			
2) Change	Р	TREPHENE BROWN	146 N FEDERAL HWY
X Add			DEERFIELD BEACH, FL 33441
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
Changing the officer from Jhodi Bryan to Trephene Brown				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
· ·		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendmen ficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
05/1 Dated	0/2017	
Signature		
(By a diselected	rector, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	TREPHENE BROWN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	