that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CHEN

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS 13302 WINDING OAK COURT SUITE A TAMPA, FL 33612 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL CHEN

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGRM CHEN. MICHAEL Name Address 247 SW 8TH STREET #218 City-State-Zip: MIAMI FL 33130

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

DOCUMENT# L0700006180

Entity Name: EMPIRE PHARMACY CONSULTANTS L.L.C.

Current Principal Place of Business:

247 SW 8TH STREET #218 MIAMI. FL 33130

Current Mailing Address:

247 SW 8TH STREET #218 MIAMI. FL 33130

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

06/25/2015 Date

06/25/2015

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED Jun 25, 2015 Secretary of State CC2619735944

MANAGER

Date