

293854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

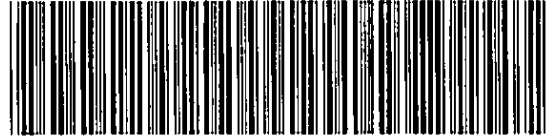
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Harjit Patel
Advised to make
All corrections
7.16.18 @

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2018 JUL 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 16 2018
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHEEK PHARMACY, INC.

DOCUMENT NUMBER: 293854

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARIT PATEL

Name of Contact Person

CHEEK PHARMACY, INC.

Firm/ Company

650 ROB ROY DR

Address

CLERMONT FLORIDA 34711

City/ State and Zip Code

CHEEKDRUGS@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARIT PATEL

at (352)

8743432

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2018

HARIT PATEL
650 ROB ROY DRIVE
CLERMONT, FL 34711

SUBJECT: CHEEK PHARMACY, INC.
Ref. Number: 293854

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the title(s) of each officer in your document.

You can check only one (1) box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 118A00014397

Articles of Amendment
to
Articles of Incorporation
of

CHEEK PHARMACY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

293854

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

16734 S E 19 HWY

CROSS CITY FL 32628

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

650 ROB ROY DR

CLERMONT FL 34711

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

HARIT PATEL

650 ROB ROY DR CLERMONT FL 34711

(Florida street 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 with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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 V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	MR	JOHN BOATRIGHT II	P O BOX 5020
<u> </u> Add			CROSS CITY FL 32628
<u>X</u> Remove			
2) <u> </u> Change	MISS	MELODY ROLLISON	P O BOX 426
<u> </u> Add			COSS CITY FL 32628
<u>X</u> Remove			
3) <u> </u> Change	D	HARIT PATEL	650 ROB ROY R
<u>X</u> Add			CLERMONT FL 34711
<u> </u> Remove			
4) <u> </u> Change	D	SHRUTI PATEL	665 ROB RO DR
<u>X</u> Add			CLEMONT FL 34711
<u> </u> Remove			
5) <u> </u> Change	D	CHIRAG PATEL	403 HEATHER HILLS DR
<u>X</u> Add			CLERMONT FL 34711
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (be specific)

We did a stock transfer sale of corporation in which John Boatright and Melody rollison resigned from corporation and we are

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)

John Boatright II 150 shares which are distributed equally 50 shares each for

Harit Patel

Shruti patel

Chirag Patel

The above mentioned changes have been made to original share certificates

The date of each amendment(s) adoption: July 3rd 2018, if other than the date this document was signed.

Effective date if applicable: July 3rd 2018
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 3 votes (Each member has 1 vote as a part of the group)

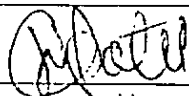
(voting group)

☐ 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 July 3rd 2018

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)

HARIT PATEL

(Typed or printed name of person signing)

OWNER/DIRECTOR

(Title of person signing)