# 354441

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### **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION: Post Haste Pharmacy, Inc.					
DOCUMENT NUMBER: 359991					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Bregg Fishman Hame of Contact Person  Post Haste Pharmacy  Firm/Company  4401 Sheridan St.  Address					
Address					
Hollywood, FL 33021 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Orega Fishman at (954) 989-6524  Name of Contact Person  Area Code & Douting Telephone Number					
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:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					

TO: Amendment Section

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

## **Articles of Amendment** to **Articles of Incorporation**

·	of			
Post Has	ste Pharma	<del></del>	·	
(Name of Corporation as cu	urrently filed with the Florid:	a Dept/of State)		
	141			
(Document )	Number of Corporation (if know	wn)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Florid</i>	da Profit Corporation adopts	s the following amend	ment(s) to
A. If amending name, enter the new nam	e of the corporation:			
-			The n	ı <i>p</i> w
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association	ion "Corp," "Inc," or "Co".	A professional corporation		
B. Enter new principal office address, if			- SE -	רד
(Principal office address <u>MUST BE A STR</u>	(EET ADDRESS )	-		= .
	<del></del>			r; 🕓
				J
C. Enter new mailing address, if applica			-	
(Mailing address <u>MAY BE A POST OF</u>	<u>FFICE BOX</u> )		25	
	_			
	_			
D. If amending the registered agent and/	or registered office address i	n Florida, enter the name o	f the	
new registered agent and/or the new	registered office address:			
Name of New Registered Agent _	-			
<del>-</del>	(Florida street ad	ldress)		
		•	<del></del>	
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(Chy)		(alp Joury	

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

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	T	Gregg Fishman	4401 Sheridan St Hollywood, FL
Add			
Remove			33021
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			· ·
Remove			
5) Change	<del></del>		<del></del>
Add			
Remove			
6) Change		·	
Add			
Remove			

	l sheets, if necessary	)). (Be specific)			
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an amendmer	nt provides for an e	vchange reclassif	fication, or cance	ellation of issued s	hares.
rovisions for	implementing the a	mendment if not	contained in the	amendment itself	
<u>, 101 600010101</u>	licable, indicate N/A	)			
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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)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9-17-13	
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 co appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
5, T, D and Registered (Title of person signing)	Agent