73/046

(Req	uestor's Name)	
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(Add	ress)	
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(City	/State/Zip/Phon	e #)
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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATE	Florida Pharmacy A ON:	ssociation, Inc.				
DOCUMENT NUMBER:	731046					
The enclosed Articles of An	nendment and fee are sub	mitted for filing.				
Please return all correspond	ence concerning this matt	er to the following	g:			
Michael Jackson						
		(Name of Contac	t Person)		
Florida Pharmacy Associati	on					
		(Firm/ Comp	oany)			
610 North Adams Street						
		(Address	s)		****	
Tallahassee, Florida 32301						
		(City/ State and 2	Zip Code)		
jackson@pharmvicw.com						
·	-mail address: (to be used	for future annua	report n	otification	1)	
For further information con-	cerning this matter, please	call:				
Michael Jackson			850 at		2222400	
	(Name of Contact Person)		ea Code)	(Daytime Telephone Number	:r)
Enclosed is a check for the	following amount made pa	ayable to the Flori	ida Depa	rtment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing I Certified Copy (Additional co enclosed)	,	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
	ent Section of Corporations		Amendi Division	Address ment Secti n of Corpe entre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CLOLIDA PHA	MMACY ASS	OCIAILUN, INC	- ,
(Name of Corporation as currently filed with the Flo	orida <u>Dept. of State</u>)		
2.31	046		15.5 15.5 15.5 15.5 15.5 15.5 15.5 15.5
(Document	Number of Corporation	(if known)	CRE
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida No	ot For Profit Corporation adopt	ts the fallowing
A. If amending name, enter the new name of the co	rporation:		The street
name must be distinguishable and contain the word "co"Company" or "Co." may not be used in the name.	orporation" or "incorpor	vated" or the abbreviation "Co	rp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	ע ע		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		rida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
<u> </u>		, Florida	
	(City)	(Zip Code	2)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I		cept the obligations of the posit	tion.
	Signature of New Ro	egistered 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: XChange X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Goar Alvarez	14200 SW 20th Street Davie, Florida 33325
Remove 2) Change × Add	<u>D</u>	Kathy Baldwin	6117 Bartram Village Drive Jacksonville, Florida 32258
Remove 3) Remove × Add Remove	<u>D</u>	Verender Brown	3050 Dyer Blvd 168 Kissimmee, Florida 34741
4) Change Add	D	Paul Delisser	Royal Palm Beach, Florida 33411
Remove 5) Change	<u>D</u>	Bob Parrado	7922 Flowerfield Drive Tampa, Florida 33615
6) Change Add	<u>D</u>	Kathy Peisos	215 Dryden Circle Cocoa, Florida 32926
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	

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)

Example:

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.

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X Change	<u> PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Kimberly Jones	622 Colorado Ave
Add	, ,		Stuart, Florida 34994
X Remove			
2) Change	D	Joshua Pullo	536 Underhill Drive
X Add			Orlando, Florida 32803
Remove 3) X Change	С	Daniel Buffington	6285 E. Fowler Avenue
Add			Tampa, Florida 33617
Remove			
4) X Change	h	Carol Motycka	1765 Pepperstone Court
Add			St. Augustine, Florida 32092
Remove			
5) Change	V	Jeanette Connelly	825 7th St S
X Add			Safety Harbor, Florida 34695
Remove			
6) Change	D	James Alcom	1090 Oak Bluff Drive
X Add			Davenport, Florida 33837
Remove			

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:

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Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Matt Schneller	9787 Taylor Rose Lane Seminole, Florida 33777
Remove 2) Change	D	Joyanna Wright	10429 SW 10th Terrace Micanopy, Florida 32667
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addir (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

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The date of each amendment(s) adoption:date this document was signed.		, if other than the
Effective date if applicable:		
(no more	e than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	eet the applicable statutory filing requirements, this date will ate's records.	not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the mas/were sufficient for approval.	nembers and the number of votes east for the amendment(s)	

•	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 7/25/2012 Signature VinCh
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	MICHAEL A. JACKION
	(Typed or printed name of person signing)
	EVP 4CEO
	(Title of person signing)