3/15/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

r 1	Address:			
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SECRETATION OF THE STATE OF THE SECRETARY AND SECRETARY AN

COR AMND/RESTATE/CORRECT OR O/D RESIGN PHYSICIANS PHARMACY ALLIANCE, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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CINCL "S

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

	CTION I BE COMPLETED)	DIS MAR 15 PH 4: ST
F12000001512		55 - 5
(Document number	r of corporation (if known)	SEC PA
1. Physicians Pharmacy Alliance, Inc.		
(Name of corporation as it appears	on the records of the Department of State)	
2 North Carolina	3 04/06/2012	
(Incorporated under laws of)	3. 04/05/2012 (Date authorized to do busin	ess m Florida)
	CTION II THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation	on, when was the change effected und	er the laws of
its jurisdiction of incorporation? 03:08/2019		
5 AdhereRx Incorporated		
(Name of corporation after the amendment, adding stappropriate abbreviation, if not contained in new na	uffix "corporation," "company," or "i ime of the corporation)	ncorporated," or
(If new name is unavailable in Florida, enter afternate business in Florida)	corporate name adopted for the purpo	ose of transacting
6. If the amendment changes the period of duration, ind	licate new period of duration.	
	w. duration)	
7. If the amendment changes the jurisdiction of incorpo	ration, indicate new jurisdiction.	
(New	[itsisdiction]	
 Attached is a certificate or document of similar impo 90 days prior to delivery of the application to the Der having custody of corporate records in the jurisdiction 	partment of State, by the Secretary of 3	State or other official.
	The second second	
(Signature of a director, passe of a receiver or other court a	sident or other officer - (f in the hands appointed fiduciary, by that fiduciary)	
Brian S. Sauer	Vice President and Secretary	y '
(Typed or printed name of person signing)	(Title of person signii	<u>1ñ)</u>



NORTH CAROLINA **Department of the Secretary of State**

CERTIFICATE OF NAME CHANGE

1, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that on the 8th day of March, 2019, an Articles of Amendment Business Corporation duly executed by the proper officer to change the corporate name of the business corporation named below, were filed in this office:

Name at time of submission of Articles of Amendment:

PHYSICIANS PHARMACY ALLIANCE, INC.

Name Change To

ADHERERX INCORPORATED

I FURTHER CERTIFY that this certificate is in compliance with North Carolina General Statutes 55D-26 and may be recorded in the office of the Register of Deeds in the same manner as deeds, the former name of the corporation appearing in the "Grantor" index and the amended name of the corporation appearing in the "Grantee" index.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Rateigh, this 12th day of March,

Elaine I. Marshall

Secretary of State

Certification# 104116498-1 Reference# 15075152-JRS Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification