

F14 00000 1474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

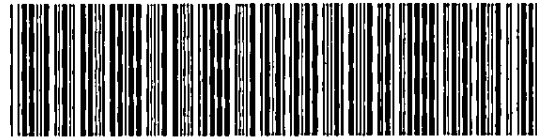
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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R. WHITE
10/10/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2021

JOHN TUY
3840 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639

SUBJECT: TRXADE GROUP, INC.
Ref. Number: F14000001474

We have received your document for TRXADE GROUP, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

There is no alternate name on file with this office. Therefore, an alternate name cannot be changed. Please complete and submit the enclosed articles 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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 021A00017721



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2021

JOHN TUY
3840 LAND O LAKES BLVD
LAND O LAKES, FL 34639

SUBJECT: TRXADE GROUP, INC.
Ref. Number: F14000001474

We have received your document for TRXADE GROUP, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for the board of directors of a foreign corporation to change the alternate name. Since this entity does not have an alternate name, this is the wrong form. If you are intending to change the name of the entity itself, you would need to file an amendment. Please see the enclosed information.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 121A00015890

2021 JUL 23 PM 12:04

RECEIVED

ER

TO: Amendment Section
Division of Corporations

Rebekah

2021 JUL 28 PM 3:03

NAME OF CORPORATION: TRXADE GR

DOCUMENT NUMBER: F14000001474

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

Please return all correspondence concerning this matter to the following:

JOHN TUY

Name of Contact Person

TRXADE

Firm/ Company

3840 LAND O' LAKES BLVD.

Address

LAND O' LAKES, FL 34639

City/ State and Zip Code

Financeteam@trxade.com

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

For further information concerning this matter, please call:

JOHN TUY

Name of Contact Person

at (800)

805-8705

Area Code & Daytime Telephone Number

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.)

SECTION I
(1-3 MUST BE COMPLETED)

F14000001474

(Document number of corporation (if known))

1. TRXADE GROUP, INC.
(Name of corporation as it appears on the records of the Department of State)
2. DE 3. 04/02/2014
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 5/27/21
5. TRxADE HEALTH, INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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 _____

(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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	HOWARD DOSS	3840 LAND O'LAKES BLVD	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:
Howard Doss
 (Signature of Secretary of State or other officer - if in the hands of
 or other court appointed fiduciary, by Howard Doss Chief Financial Officer
 (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35.00

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF INCORPORATION**

The corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware does hereby certify:

FIRST: That at a meeting of the Board of Directors of Trxade Group, Inc., resolutions were duly adopted setting forth a proposed amendment of the Second Amended and Restated Certificate of Incorporation of said corporation, declaring said amendment to be advisable and calling a meeting of the stockholders of said corporation for consideration thereof. The resolution setting forth the proposed amendment is as follows:

RESOLVED, that the Second Amended and Restated Certificate of Incorporation of this corporation be amended by changing the Article thereof numbered "**ARTICLE I**" so that, as amended, said Article shall be and read as follows:

"The name of this corporation is TRxADE HEALTH, INC. (the "Corporation")"

SECOND: That thereafter, pursuant to resolution of its Board of Directors, an annual meeting of the stockholders of said corporation was duly called and held on May 27, 2021, upon notice in accordance with Section 222 of the General Corporation Law of the State of Delaware, at which meeting the necessary number of shares as required by statute were voted in favor of the amendment.

THIRD: That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

FOURTH: This Certificate of Amendment will become effective on June 1, 2021.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed this 27th day of May 2021.

By: Howard Doss
Authorized Officer

Title: Chief Financial Officer

Name: Howard Doss
Print or Type