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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	IARMACY OF PALM CO	AST, INC
DOCUMENT NUMI	J90821 BER:		<del></del>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	JOSEPH S. CORGAN		
	HOME CARE PHARMAC	Name of Contact Persor Y OF PALM COAST, INC	1
	6 FLORIDA PARK DRIVE	Firm/ Company NORTH	
	PALM COAST, FL 32137	Address	
		City/ State and Zip Code	2
	HOMECAREJC@AOL.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
JOSEPH S. CORGAN		386 at (	503-5383
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Алк Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

Articles of Incorporation of

HOME CARE PHARMACY C	· · · · · · · · · · · · · · · · · · ·	with the Florida Dept. of State)	<u> </u>
J90.			
(Document	t Number of Corp	oration (if known)	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	atutes, this <i>Florid</i>	da Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corp	oration:		
N/A			The new
name must be distinguishable and contain the word "corporation," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A proj		
B. Enter new principal office address, if applicable:	_		
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u> )		د.
			22
	_	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:			39
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>		<del></del>
			= -
			<del>- က</del> - က
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ul>		Florida, enter the name of the	
Name of New Registered Agent			
		<del>,</del>	
	(Florida street add	iress)	
New Registered Office Address:	11.72 - 3	, Florida	
	(City)	(Zip Ci	xie)
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered agent. I a	m familiar with a	nd accept the obligations of the position.	
Signatur	re of New Registe	red Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607	7,01 <b>2</b> 0 (11) (c), F.	S.	

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:

1

(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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change X Add	Title S	Name SEAN A. CORGAN	Address 11076 BECKLEY PLACE JACKSONVILLE, FL 32246
Remove 2)ChangeAddRemove 3 )Change			
Add Remove 4) Change Add			
Remove. 5) Change Add			
Remove  6) Change  Add  Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
N/A	
/ · (   ( )	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	
<del></del>	
	<del></del>

•	5/11/2020	
The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:	5/11/2020 (no more than 90 days after ame	
	(no more than 90 days after ame.	ndment file date)
Note: If the date inserted in this blo document's effective date on the Dep		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop action was not required.	oted by the incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of vote ficient for approval.	s cast for the amendment(s)
	roved by the shareholders through voting grou each voting group entitled to vote separately o	
	or the amendment(s) was/were sufficient for a	approval
by	(voting group)	
	(voting group)	
Dated	- 25 - 2020	
Signature	05-25-2020 Osal & Cory	Pres
	rector, president or other officer – (f directors, by an incorporator – if in the hands of a rece	
	d fiduciary by that fiduciary)	
	JOSEPH S. CORGAN	
	Soma III. Concili.	
- -	(Typed or printed name of person s PRESIDENT	signing)