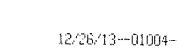
# 139238

(Re	equestor's Name)	
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C. Lewis 1-7-2014

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HIGHLAND	PHARMAC	Y Ixc.	
DOCUMENT NUMBER:	39238			
The enclosed Articles of Amendment an	d fee are submitted for	filing.		
Please return all correspondence concerr	ing this matter to the fo	ollowing:		
	Lynne	Contact Person		
Hezhland Phermay Inc.				
1224 So. Highland ave.				
Name of Contact Person  Heykland Phenomony Inc.  Firm/ Company  1224 So. Highland ave.  Address  Cleanater, 71 34698  City/ State and Zip Code				
	LEAIN	LEYFLE	DAOL. Com	
E-mail addre	ss: (to be used for futur	e annual report notif	ication)	
For further information concerning this matter, please call:				
- Lynne Qui	ley	at (_ <i>127</i> )_	735-9623 Daytime Telephone Number	
Name of Contact Person	0	Area Code &	Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee S43.75 Fil Certificate	of Status Certific	ed Copy onal copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	•	Clifton Buil	Section Corporations ding tive Center Circle	

APPROVED AND FILED

#### Articles of Amendment to Articles of Incorporation

14 JAN 14 PM 2:49

	Articles of incorpora	tion	- MALLZHASSER	r Signa
that land	- Pharmac	er Anc	レ・	i i oʻdga
(Name of Corporation as curren		1	<del>-</del>	-
4 39.	238			
(Document Numb	per of Corporation (if known	1)		_
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this <i>Florida</i>	Profit Corpora	tion adopts the followin	g amendment(s) to
A. If amending name, enter the new name of t	the corporation:			
N	[]A			_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc." or "Co". A			
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		N	A	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		N/s	, A	-
				-
D. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter tl	he name of the	
Name of New Registered Agent	N/A	· <del></del>		
<del></del>	(Florida street addr	ess)		
New Registered Office Address:		, F	lorida	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with and	·	gations of the position.	
Signature	of New Registered Agent, is	t 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.

Mike Jones, V as Remove Example:	, and Sai	lly Smith, S	SV as an Add.	
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add Remove	PRE	<u>"</u> 5,	(Deceased)	1224 50. Highland (Business Clean atu, 76
2) Change		_		
Remove 3) Change		_	·	
Add Remove				
4) Change Add Remove		<del></del>		
5) Change		_		
Remove				
6) Change	<u></u>	_		
Remove				

(Attach additional sheets, if necessary). (Be specific)	
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$\cdot$	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
v.M.	
N/17	
′ / ′ ·	

### APPROVED AND FILED

## 14 JAN 14 PM 2: 49

The date of each amendment(s) adoption:	(200 5 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	, 11 otner than th
date this document was signed.	TÄLLAHASSEE, FLORIDA	
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHE	CCK ONE)	
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendment(s) oproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	lment(s) was/were sufficient for approval	
by Lynne Colin	ng group	
	oard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder	
Dated /2-23	-13	
Signature Lynn	-13 -Chuly	<del></del>
(By a director, president)	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary	•	
	CYNNE E. AINLEY (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	