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COVER LETTER

Division of Corporations Flagler Community Pharmacy NAME OF CORPORATION: PO1000068561 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kenneth Arnett
Name of Contact Person Firm/ Company 1241 Loch Tanna Loop
Address Jacksonville, Fl. 32259
City/ State and Zip Code Hagler connunity pharme yahoo. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (904) 3/4-5457 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

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Mailing Address

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TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

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Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□\$52.50 Filing Fee

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Articles of Amendment to Articles of Incorporation

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of		
Flagler Community (Name of Corporation as currently)	Pharmacy, Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
PO100006856		
PO 1000 6 8 56 (Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
RTA Consultiname must be distinguishable and contain the word "corporation," "co.	ina, Inc.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany!" or "incorporated" or the abbrevial professional corporation name must conto	ion "Corp.," un the word
B. Enter new principal office address, if applicable:	NIA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	· ·	202 SE
		023 HAR Edret
		<u> </u>
C. Enter new mailing address, if applicable:	NIA	187 187
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- 연구 - 조
		E _S
		25 FL
		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent VIT		
(17)		_
(Florida stree	t address)	
New Registered Office Address: VJ	7 , Florida	Code)
, C	NA) (SIE	(Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position	
MA		
Signature of New Reg	gistered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)), 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:

(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.

X Change	PT	John Doe			
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change			N/A		
Add					
Remove			NA		2023 MAR SECRET, TALLA
2) Change		_	N14		
Add			1.		
Remove 3) Change			N/A		AH 10: 26 CF \$TAT SEE, FL
Add					LATE 26
Remove			NA		
4) Change		_			
Add					
Remove			NA		
5) Change			10/4	***	
Add					
Remove			WA		
6) Change		_			
Remove					

r In
O

The date of each amendment(s) adoption	: 3/16/2023	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	nes not meet the applicable statutory filing requirements, this date want of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
must be separately provided for each volume with a number of votes cast for the aby Dated	y the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s): amendment(s) was/were sufficient for approval (voting group) (voting group)	2023 HAR 21 AM 10: 26 SECRETARY OF STATE TALLAHASSEE, FL
	Prosident	
	(Title of person signing)	