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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _ DOCUMENT NUMBER:	Speedy	Scripts	Inc
DOCUMENT NUMBER:	<u>Po300'a</u>	0087480	
The enclosed Articles of Amendm	ent and fee are submit	ted for filing.	
Please return all correspondence of	oncerning this matter to	o the following:	
		H. Parne Jame of Contact Person	_
			Pharmacy
	15 45th	Street	Suite 3
		Address	L 33407
<u> </u>	Cay Scrip address: (to be used f	JSTX (2) YG or future annual report r	NCO - COVI
For further information concerning	g this matter, please ca	dl:	
Maurice H.	Barnett-	II at (954) 557-0686 le & Daytime Telephone Number
Name of Contact I	Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made paya	able to the Florida Depar	rtment of State:
_	ificate of Status	IS43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre			Address
Amendment Se Division of Cor			ment Section n of Corporations
P.O. Box 6327	porations		Building
Tallahassee, FL	. 32314	2661 E.	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Sacrati	1 Scripts,	Inc	
Name of	Cornoration as currently fi	led with the Florida Dept. of	State)
· · · · · · · · · · · · · · · · · · ·	30000874		
<u>r</u> c	Document Number of Co	proportion (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	<i>orida Profit Corporation</i> adopts	s the following amend
A. If amending name, enter the new nam	e of the corporation:		
			The 1
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat	in the word "corporation," ion "Corp," "Inc," or "Co	"company," or "incorporate". A professional corporation	ed" or the abhrevia
word "chartered," "professional association	on," or the abbreviation "P.)	4. ''	<u> </u>
B. Enter new principal office address, if	applicable:		7 T
(Principal office address MUST BE A ST.			温
			3
C. Enter new mailing address, if applica		PA Bay 8	uid 👙 🤄
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	PO Box 81 Ft. Landerd	1:7
		it Canderd	ale F-435
	() () () () () () () () () ()	ata Elanida, anton tha nama o	f •b.,
D. If amending the registered agent and new registered agent and/or the new		s in rimina, enter the name o	1 the
Name of New Registered Agent	Maurice H		
	1115 4514 S	Street Surt	<u>e 3</u>
		2 - 1.	23400
New Registered Office Address:	West raine	<u>Deol N</u>	orida <u> </u>
		,	` '
New Registered Agent's Signature, if ch	anging Registered Agent:		
i hereby accept the appointment as registe	red agent. – Lam familiar wit	h and accept the obligations of	the position.
		de -11	
	/ h-		
	Signature of New Reg	istered Agent, if changing	

P = President; V= Vice Executive Officer; CFO held, President, Treasure Changes should be noted a change, Mike Jones le Mike Jones, V as Remov	President = Chief if er, Directed in the for aves the c	llowing manner. Currently John Doc is listed as the PS. orporation, Sally Smith is named the V and S. These sho	n one title, list the first letter Fand Mike Jones is listed as t	of i the l
Example: - <u>X-</u> Change	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Address	
l) Change	<u> P</u>	Jean Phillippe Fleurantin	1115 45th St	ree
Add		-	Suite 3	
X_ Remove		-	West Palm Boa	-h,
2) Change	<u>P</u>	Maurice H. Barne 1+101	1115 4544 54	12
$X \Delta$		-	Suite 3	
Remove		-	West Palm Boac	h,
3) Change				
Add				<u> </u>
Remove				
4) Change				
Add				<u> </u>
Remove			<u> </u>	<u> </u>
5) Change				<u> </u>
Add				<u> </u>
Remove				
A				
6) Change				+
Add				
Remove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, i

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

	, if necessary).	(Be specific)			
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			.	<u></u>	
					
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The date of each amendment(s) ad	loption:	_{if off
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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be li
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	ľ
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	10/11/19	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Maurice H. Barnett TII (Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	1.