PD3DDD090043

((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:	
Special Instructions	to Filing Officer:	

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JUL 13 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Marshall Enterprises, Inc.

DOCUMENT NUMBER: P03000090043

The enclosed Articles of Amendment and fee are submitted for filing. The consent to allow adoption of the corporate name "17th Street Discount Pharmacy" is attached hereto.

Please return all correspondence concerning this matter to the following:

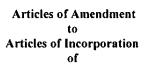
George Ortiz 1515 E. Silver Springs Blvd, Ste 204 Ocala, Florida 34470 attygortiz@earthlink.net

For further information concerning this matter, please call:

George Ortiz at (352) 732-2000

Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 (Filing Fee, Certificate of Status & Certified Copy)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301





Marshall Enterprises, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000090043

ent(s) to

(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new na	ame of the corporation:		
17th Street Discount Pha	armacy, Inc.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or '	'Co". A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2506-B SE 17	th Street
		Ocala, Florida	Ocala, Florida 34471
			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2506-B SE 17	th Street
		Ocala, Florida	34471
D. If amending the registered agent an new registered agent and/or the new	w registered office address		ame of the
Name of New Registered Agent	Sara Alderman		
	1111 SE 22nd /	Avenue	
	(Florida str	reet address)	3//71
New Registered Office Address:	(City)	, Flori	da 34471 (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ions of the position.
Si	anature of New Registered	Agent if 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.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P,D	James Marshall	1209 SE 17th Avenue
Add	,		Ocala, FL 34471
Remove			
2) Change	D_VPSŢ	Carla Marshall	1209 SE 17th Avenue
Add			Ocala, FL 34471
Remove			
3) Change	DPVP8.	Sara Alderman	1111 SE 22nd Avenue
Add		***************************************	Ocala, FL 34471
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
A	
If an amendment provides for an exc provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated July		
Signature	4,2015 us A. Mahale	
	rector, president or other officer – if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
,	James R. Marshall	
-	(Typed or printed name of person signing)	
I	President	
_	(Title of person signing)	