

PO4 000006840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

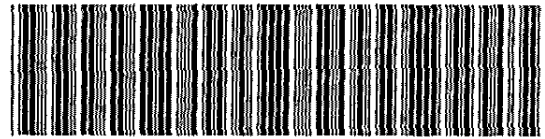
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700039173027

08/03/04--01058--001 **25.00

09/14/04--01015--021 **10.00

EFFECTIVE DATE
09/15/04

FILED
04 SEP 13 PM 1:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

Ps / Amended
9/14/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 10, 2004

REGINALD M DAWSON
RD EXPRESS PHARMACY, INC.
P O BOX 37287
JACKSONVILLE, FL 32236-7287

SUBJECT: RD EXPRESS PHARMACY, INC.
Ref. Number: P04000106840

We have received your document for RD EXPRESS PHARMACY, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was submitted for filing. Please complete the enclosed document and return for filing. The filing fee to file an amendment for the corporation is \$35.00. The balance due is \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 104A00049288

RECEIVED
04 SEP 13 AM 8:14
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: R.D. Express Pharmacy, Inc.
DOCUMENT NUMBER: P040000106840

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reginald Dawson
(Name of Contact Person)
R.D. Express Pharmacy, Inc.
(Firm/ Company)
P.O. Box 37287
(Address)
Jacksonville, Florida 32236-7287
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Reginald Dawson at 904 353-8500
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED

04 SEP 13 PM 1:53

CLERK OF STATE
ALLAHASSEE COUNTY
FLORIDA

RD Express Pharmacy, INC
(Name of corporation as currently filed with the Florida Dept. of State)

PD4000106840
(Document number of corporation (if known))

EFFECTIVE DATE
09/15/04

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The principal place of business is:
2 Independent Dr. W, Suite 143
Jacksonville, Florida 32202

The mailing address is:
P.O. Box 37287
Jacksonville, FL 32236-7287

The FEI number is: 76-0763701
(Attach additional pages if necessary)

If an amendment provides for 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)

The date of each amendment(s) adoption: 8-12-2004

Effective date if applicable: 9-15-2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

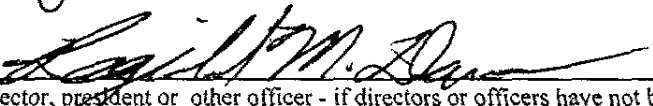
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 27th day of August, 2004.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Reginald Dawson
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35