## P04000155409

(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



600194057496

02/14/11--01008--009 \*\*35.00

11 FEB 14 PH 1:29

## **COVER LETTER**

TO: Amendment Section Division of Corporations

RX SYNERGY, INC
04000155409
fee are submitted for filing.
ng this matter to the following:
HANSSUMAN Name of Contact Person
Firm/ Company
Address BUD.
FLOUDA 33614 City/ State and Zip Code
be used for future annual report notification)
atter, please call:
at ()  Area Code & Daytime Telephone Number
unt made payable to the Florida Department of State:
□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	JSR67, INC	a Dept. of State)	
PU4000	ISS 109 er of Corporation (if kno		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation a	dopts the following
A. If amending name, enter the new name of the	he corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the doname must contain the word "chartered," "profes	esignation "Corp." "Inc	c," or "Co". A professiona	The new ated" or the l corporation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE)</li> <li>D. If amending the registered agent and/or registered agent and/or the new registered.</li> </ul>	istered office address i	n Florida, enter the name o	11 FEB 14 PM 1: 29
Name of New Registered Agent:			
New Registered Office Address:	(Florida street c	address)	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	nt. I am familiar with a		the position.
Sign	nature of New Registered	d Agent, if cha <mark>nging</mark>	

	g the Officers and/or Directors, ente nd title, name, and address of each O		
	litional sheets, if necessary)	Theer and of 17th cetter being a	<del>uucu.</del>
<u>Title</u>	Name Name	Address	Type of Action
<del> </del>			D Add
			□ Add
			☐ Remove
			Remove
	ding or adding additional Articles, endeditional sheets, if necessary). (Be s		
			·
<del> </del>			
F Ifanar	mendment provides for an exchange,	raclassification or cancellation	an at issued shares
provisi	ons for implementing the amendmen		
(if n	not applicable, indicate N/A)		
	,		

The date of each amendment	(s) adoption: [4 0] 10 (date of adoption is required)
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature (By selec	a director, president of other officer – if directors or officers have not been cted by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)