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SECRETARY OF STALE
JIVISION OF CORPONATIONS

2015 JUN 2 | AM IO: 5.3

JUN 27 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Heathcare Consulta	ants Pharmacy Busin	ness Solut	tions, Inc.
DOCUMENT NUMBER: P05	000063330		<u>-</u>	
The enclosed Articles of Amend	Iment and fee are su	bmitted for filing.		
Please return all correspondence	concerning this mat	ter to the following:		
Robert M	liller			
		Name of Contact	Person	
Heathcar	Heathcare Consultants Pharmacy Business Solutions, Inc.			
		Firm/ Compa	any	
P.O. Box	915726			
		Address		
Longwoo	od, FL 32791			
		City/ State and Zi	ip Code	
bob@pharmacy	estaffing.com			
-, .	ail address: (to be us	ed for future annual	report no	itification)
L-ine	an address. (to be us	ca for future annual	report ne	diffication)
For further information concerni	ng this matter, pleas	e call:		
Robert Miller		at (,	642-1652
Name of Contact	Person	A	rea Code	& Daytime Telephone Number
Enclosed is a check for the follo	wing amount made p	payable to the Florid	a Departi	nent of State:
	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addi Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	1	Division Clifton B 2661 Exe	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATION

2016 JUN 2 1 AM 10: 53

HEALTHCARE CONSULTANTS PHARMACY BUSINESS SOLUTIONS, INC.

(<u>Name o</u>	f Corporation as current	ly filed with the Flori	da Dept. of State)	
HEALTHCARE CONSULTANTS PHA	RMACY BUSINESS SOL	UTIONS, INC.	70500006	3336
	(Document Number of	of Corporation (if know	n)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpor	ration adopts the following ar	nendment(s) to
A. If amending name, enter the new na	me of the corporation:			
n/a			Th	ie new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional		
B. Enter new principal office address,	if applicable:	n/a		
(Principal office address MUST BE A S				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		n/a		
D. If amending the registered agent an new registered agent and/or the new			the name of the	
	n/a	-		
Name of New Registered Agent				
	(Florida st	reet address)		
V 5 1 10 m 11	n/a		n	
New Registered Office Address:		(City)	, Florida /Zip Cod	e)
New Registered Agent's Signature, if c			Providence of the monthly of	
I hereby accept the appointment as regist	erea ageni. Tam jamiliar	with and accept the ob	ligations of the position.	
NIA		1		

Signature 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Lynda Miller	181 Sabal Palm Drive Ste 101
X Add			Longwood, FL 32779
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
n/a	
	A record to the control of the contr
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
n/a	
	

6/13/2016	
The date of each amendment(s) adoption: if other	er than the
date this document was signed.	. 1
n/a DIVISION OF CORPORAT	11,174
Effective date if applicable: (no more than 90 days after amendment file date) 2016 JUN 2 AM 10:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	sted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted 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. 	
6/13/2016	
Dated .	
Signature Coberthulle	
(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)	
Robert Miller	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	_