PO6000038099

questor's Name)	
dress)	
ldress)	
ty/State/Zip/Phone	e #)
WAIT	MAIL
ısiness Entity Nar	ne)
ocument Number)	
_ Certificates	s of Status
Filing Officer:	
	dress) cy/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates

Office Use Only



300260216723

05/19/14--01016--019 **35.00

ALLAHASSES STORIES



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRE	EASURE COA	ST SPECIALIT	Y PHARMACY INC	
DOCUMENT NUMBER: P06000038099				
The enclosed Articles of Amendment a		d for filing.		
Please return all correspondence conce	rning this matter to	the following:		
PETER D	ELTORO			
TREASU		me of Contact Persor	Y PHARMACY INC	
236 NE A	BACA WA	Firm/ Company		
230 NE A	IDACA WA	·		
ITAIOTAI	Address JENSEN BEACH FL 34957			
JENSEN				
	Cit	y/ State and Zip Code		
PETEDELTO	RO@YAH	OO.COM		
		future annual report	notification)	
For further information concerning this	matter, please call			
PETER DELTORO		at (772	359-4945	
Name of Contact Perso	n	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following a	mount made payab	e to the Florida Depa	rtment of State:	
■ \$35 Filing Fee □\$43.75 F Certificat	te of Status C	43.75 Filing Fee & ertified Copy additional copy is nclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of

TREASURE COAST SPECIALITY PHARMACY INC

·	s currently filed with the Florida Dept		-
P06000038099			
(Docume	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			_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 pre	iny," or "incorporated" or the a ofessional corporation name must	ibbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S			_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		2014 MAY LO SALLAHASS	Control Control Control
D. If amending the registered agent ar	nd/or registered office address in Flori	ida, enter the name of the	₹ 3 3
new registered agent and/or the ne	w registered office address:	 	Transport Property Control of the Co
Name of New Registered Agent	PETER DELTORO	28 NIC	•
	236 NE ABACA WAY		•
	(Florida street address)		
New Registered Office Address:	JENSEN BEACH	, Florida 34957	
	(City)	(Zip Code)	_
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regis	tored agent. I am familiar with and acc	ept the obligations of the position.	
	(JO 100)		
Si	gnature of New Registered Agent, if cha	inging	

Page 1 of 4

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 X Add	<u>y</u> <u>sv</u>	Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	RICHARD DELTORO SR	2880 SE SAN JERONIMO
Add			PORT ST LUCIE FL 34952
Remove			
2) Change	Р	PETER DELTORO	236 NE ABACA WAY
✓ Add			JENSEN BEACH FL 34957
Remove			
3) Change			
. Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi applicable, malcale NA)	

The date of each amendment(s)	adoption: APRIL 1 2014	, if other than the
date this document was signed.	PRIL 1 2014	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated_APRIL	. 22 2014	
Dateo	(I) Am	
Signature	(Let)	
	a director, president or other officer – if directors or officers have not been seted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	sinted fiduciary by that fiduciary)	
	PETER DELTORO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Page 4 of 4