

PO6000134689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

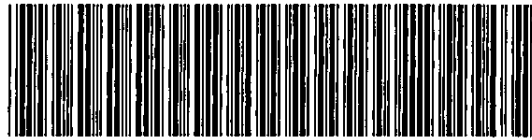
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by typist can
TR 2/5/07

Office Use Only



800084191888

01/18/07--01015--003 **35.00

Amend

FILED
2007 FEB -5 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts FEB 05 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2007

EGHOSA UHUNMWANGHO
DRUGVILLE PHARMACY, INC.
9430 BELAIR DRIVE
MIRAMAR, FL 33025

SUBJECT: DRUGVILLE PHARMACY, INC.
Ref. Number: P06000134689

We have received your document for DRUGVILLE PHARMACY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 407A00004917

RECEIVED
JAN 28 2007
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DRUGVILLE PHARMACY, INC

DOCUMENT NUMBER: P06000134689

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

Please return all correspondence concerning this matter to the following:

EGHOSA UHUNMWANGHO

(Name of Contact Person)

DRUGVILLE PHARMACY, INC

(Firm/ Company)

9430 BELAIR DRIVE

(Address)

MIRAMAR, FLORIDA 33025

(City/ State and Zip Code)

For further information concerning this matter, please call:

Michael O Emokpae

(Name of Contact Person)

at (954) 730-7673

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
2007 FEB -5 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DRUGVILLE PHARMACY, INC.

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

P06000134689

(Document number of corporation (if known))

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)**

PLEASE AMEND ARTICLES: II, V, & VI

ARTICLE II TO READ: 5580 WEST 16TH AVE, UNIT 204 HIALEAH, FL 33012

ARTICLE V TO READ: HIGH END INCOME TAX & ACCOUNTING SERVICES

4200 NW 16TH ST STE 600-A, LAUDERHILL, FL 33313

(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)

(continued)

The date of each amendment(s) adoption: Jan 22nd, 2007

Effective date if applicable: _____
(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.

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)

EGHOSA UHUNMWANGHO

(Typed or printed name of person signing)

(P/V)

(Title of person signing)

FILING FEE: \$35

High-End Income Tax & Accounting Services



4200 NW 16th ST. Ste. 600-A. Lauderdale, FL 33313
Broward (954) 730-7673. Toll Free: (888) 730-9165. Fax (954) 730-7571. Email: highendaccounting@msn.com

Accounting. Consultation. Bookkeeping. Taxes. QuickBooks Pro Advisor.
We Take Great Pride in Our Work and Have Done So in Over 15 Years

February 2nd 2007

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Reference: P06000134689

To Whom It May Concern:

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporations/limited liability company – DRUGVILLE PHARMACY, INC.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Michael Emokpae