57000002373

(Re	equestor's Name)				
(Ad	ldress)				
(Ac	idress)				
(Cit	ty/State/Zip/Phone	e #)			
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COVER LETTER

TO: Amendment Sect Division of Corpo			,			
NAME OF CORPOR	RATION: Vital RX, In	C.				
DOCUMENT NUMI	BER: P0700000237	3				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this mat	tter to the following:				
	Serge Francois					
		Name of Contact Persor	1			
	Vital RX, Inc.					
	Firm/ Company					
	1000 E. Atlantic Blvd.					
		Address				
	Pompano Beach,	Florida 33060				
		City/ State and Zip Code	e			
drs	drserge@apcrx.co					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Serse.	Francois	_{at (} વડ 4	366-6519			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ \$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)			
<u>M</u> ai	ling Address	Street .	Address			
Amendment Section		Amend	ment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building						
	ahassee, FL 32314		xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



14 SEP 30 PM 12: 31

(Name of Cor	poration as currently filed with the	Florida Dept. of State)	
Vital Rx, Inc.	P07000002373	· · · · · · · · · · · · · · · · · · ·	
·····	(Document Number of Corporation	(if known)	<u>_</u>
Pursuant to the provisions of a its Articles of Incorporation:	section 607.1006, Florida Statutes, thi	is Florida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter	the new name of the corporation:		
		_	The new
"Corp.," "Inc.," or Co.," or		ion," "company," or "incorporated "Co". A professional corporation n "P.A."	
B. Enter new principal offic	ce address, if applicable:		
(Principal office address <u>MU</u>	<u>(ST BE A STREET ADDRESS</u>)		
			· · ·==
C. Enter new mailing addr			
(Mailing address <u>MAY B</u>	E A POST OFFICE BOX)		
	ed agent and/or registered office ad d/or the new registered office addre	dress in Florida, enter the name of t	h <u>e</u>
Name of New Registe	orad Acant		
rame of New Registr			
	(Florida :	street address)	
New Registered Offic	oo Addrasse	, Florida	
New Registered Office	Cit	y) , Fiorida	ip Code)
	nature, if changing Registered Agei	<u>it:</u> r with and accept the obligations of the	e position
soy accept the appointme	as regionered agent. Tum jumitus	and decept the benganons of the	. L
	Signature of New Registered	l 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 Do	<u>be</u>			
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	Т		Rosemary Francois	717 Shepherd Ave		
✓ Add				Brooklyn, NY 11208		
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

tacn <i>additional she</i>	ig additional Art ets, if necessary).	(Be specific)			
	. 418				
				<u> </u>	
n amendment pro ovisions for imple	vides for an excl	nange, reclassif	ication, or cand	ellation of issued	shares,
if not applicable)	nienting the ame e, indicate N/A)	mument ii not t	contained in the	amenument use	<u>!!-</u>
	#.W.F.				

The date of each amendment	(s) adoption:	Shire TAR	EL Y OF STATE OREORATIONS	, if other than th
date this document was signed.	09/26/2014	14 SEP 30	PM 12: 31	
Effective date if applicable:		re than 90 days after amendment		
Adoption of Amendment(s)	(<u>CHECK O</u>	<u>NE</u>)		
The amendment(s) was/wer by the shareholders was/we		ders. The number of votes cast fo	r the amendment(s)	
		olders through voting groups. The ntitled to vote separately on the ar		
"The number of votes	cast for the amendment(s) was/were sufficient for approval		
by	(voting grou		3 3	
	(voting grou	p)		
The amendment(s) was/wer action was not required.	e adopted by the board of	directors without shareholder acti	on and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorpora	ators without shareholder action a	nd shareholder	
Dated_09/2	6/2014			
Dated				
Signature	4			
•		uther officer – if directors or office		
	pointed fiduciary by that f	 if in the hands of a receiver, tru fiduciary) 	stee, or other court	
	Serge Francois			
		yped or printed name of person si	gning)	
	President			
		(Title of person signing)	· · · · · · · · · · · · · · · · · · ·	