

P070000031717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

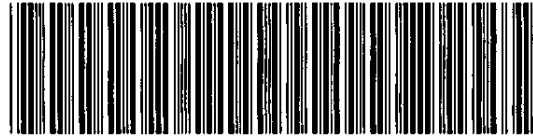
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

05/08/12--01023--002 **35:00

FILED
2012 MAY -8 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
5/14/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOODLIFE PHARMACY .INC

DOCUMENT NUMBER: P07000031717

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

Please return all correspondence concerning this matter to the following:

NATALIE BURNS

Name of Contact Person

NATALIE M. BURNS, P.L.

Firm/ Company

800 VILLAGE SQUARE CROSSING, STE 337

Address

PALM BEACH GARDENS, FL 33410

City/ State and Zip Code

NATALIE@BURNSLAWFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIE BURNS

Name of Contact Person

at (561) 267-0104

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

GOODLIFE PHARMACY, INC.

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

P07000031717

(Document Number of Corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8855 Glades Road
Boca Raton, Florida 33434

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8855 Glades Road
Boca Raton, Florida 33434

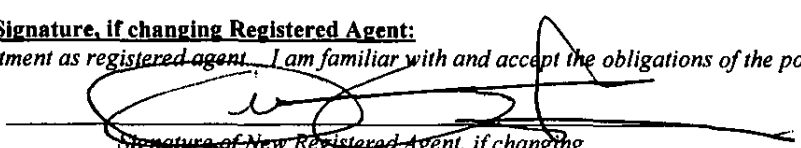
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent John F. Hotte, Esq.
3600 N Federal Hwy, 3rd Flr
(Florida street address)

New Registered Office Address: Fort Lauderdale, Florida 33308-6225
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

| | | |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u> |
| <u>X</u> Remove | <u>V</u> | <u>Mike Jones</u> |
| <u>X</u> Add | <u>SV</u> | <u>Sally Smith</u> |

Address

1) ☐ Change
☐ Add
☒ Remove

P

MOURANI, ANTOINE

3101 SOUTH OCEAN BLVD UNIT 2908
HOLLYWOOD FL 33019 US

2) Change
 x Add
 Remove

P

GIL, EDUARDO

8855 Glades Road
Boca Raton, FL 33434

3) ☐ Change
☐ Add
☐ Remove

[illegible]

4) ☐ Change
☐ Add
☐ Remove

5) ☐ Change
☐ Add
☐ Remove

6) _____ Change
 _____ Add
 _____ Remove

100

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The date of each amendment(s) adoption: May 4, 2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Dated May 4, 2012
Signature [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)

ANTOINE MOURANI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)