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COR AMND/RESTATE/CORRECT OR O/D RESIGN PRESTIGE PHARMACY AND MEDICAL SUPLIES, INC.

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July 28, 2014

FLORIDA DEPARTMENT OF STATE

PRESTIGE PHARMACY AND MEDICAL SUPLIES, INC. 2150 WEST 76 ST, STE 106 HIALEAH, FL 33016

SUBJECT: PRESTICE PHARMACY AND MEDICAL SUPLIES, INC.

REF: P07000041525

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II FAX Aud. #: E14000177083 Letter Number: 914A00016077

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THE LANGESTER FLORIDA

ADVANCED CONSULTING

FAX No. 3052359775

P. 002

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Articles of Amendment	and the second of the second o
Articles of Incorporation	3
Prestige Pharmacy AND Medical Sup. (Name of Corporation as currently filed with the Florida Dept. of State)	lies, Inc.
	50
# P0700041525 (Document Number of Corporation (if known)	
(notations trimes ar cohearner (remount)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts to its Articles of Incorporation:	the following amendment(s) and
A. If amending name, enter the new name of the corporation:	
(./.)	
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation sword "chartered," "professional association," or the abbreviation "P.A."	The nev " or the abbreviation name must contain the
word coursered, projessional association, or the double-radiation 1.5.	
B. Enter new principal office address, Happlicable: (Principal office address MUST BE A STREET ADDRESS)	
	•
	•
C. Enter new mailing address, if applicables	•
(Mailing address MAY BE A POST OFFICE BOX)	
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D. If amending the registered egent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	he .
Markey Ma	
2150 W 76 49 St. Suite	ميا0)
1 1 - 1 - 1	e mail
New Registered Office Address: Florida 3.	p Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I applymitted with and accept the optigations of the	position.
I hereby acceps the appointment of registron against any analytical and appointment of the second of	æ ····
Marie Jan	
Signature of New Assistered Agent. If changing	
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Page 1 of 4

7981 P.004700 P.003

If amending the Offices and/or Directors, enter the this and name of each offices/director being removed and title, nuise, and address of each offices with a diddinal sheets, (Processory) Please not the Offices Andrew of the Offices of the Office o		•	H14000177083
Planse note the officer director title by the letter of the office mile. In President, In VIVED President, To Vivenerus; Secretary, De Director; TR-Trustee; C-Chairman or Clerk, CEC: = Chief Exercitive Officer; CPC = Chief Planental Officer; If an officer/likestor holds more than one title, list the first letter of each officer that the resident Venurure, Director would be TV. Changes should be made in the following manner. Currently John Does is listed as the FST and Alike Jones is the state of the Viveness than the acceptantion, State of the Viveness than the corporation, State of the Viveness than the corporation, State of the Viveness than the Viveness than the Company. Miles Jones V. As Remove, and Staty Smith, SV as an Add. State of Action The Office of Action The Change Add Remove Add Remove Tolonge Add Remove Tolonge Add Remove Change Add Remove	address of each Offi	icer and/or Director being added;	
P = President; Y= Vice President; Y= Treasurer; S= Servetury; D= Director; TRC Truster; C = Chairman or Clark; CEC = Chief Exercitive (Giffer; CFO = Chief President; Trusters; Director vocal be PTD. Changes should French the Truster President; S= Servetury; John Dos is listed as the PST and Milks Jones is limed as the Y. There is a change, Milks Jones the const the corporation, Sally Smith is named the Y and S. These should be noted in the Add States place. X Changes I doing Dos. X Add SV Selly Smith Tree of Action Title Name Address (Check One) 1) Change Pres Idania Enrique (SS W 60 th Sf His least), FTL. 380/2- 2) Change Pres Joseph Degregong Jr 2 [50 W 76 th Sf Sully Smith States of His least, FTL. 380/2- 2) Change Add Remove 4) Change Add Remove 6) Change Add Remove 6) Change Add Remove	(Attach additional sh	rets, if necessary)	
Executive Officer, CPO a Chief Flamental Officer: If an officer intall present	Pease note the office	tridirector title by the first letter of the office fitte; The President: T= Treasurer: S= Secretary: De. Director:	TP = Trustee: C = Chrisman on Clark: CEC) = Chief
hald President Treatment Director would be PTD. Changes change the following anomate. Currently John Doe is listed as the PST and Milks Jones to listed as the T have it as thange, Milks Jones the leaves that corporation, Sally Smith is passed that Y and S. These should be noted an John Doe, PT as a Change. Milks Jones Y at Remove, and Sally Smith, SY at an Add. Examples X. Change T. John Doe X. Ramove Y. Milks Lones X. Add SY. Salty Smith These of Action Title Name Address (Check One) 1) Change PTES JOSeph Degregoright 2150 W. 70 th St. Suite Jobe Higherh, FL. 38012. 2) Change Add Remove 4) Change Add Remove 4) Change Add Remove 6) Change Add Remove 6) Change Add Remove	Executive Officer, C.	FO = Chief Financial Officer: If an officer/director holds	more than one title, list the first letter of each office
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FAX No. 3052359775

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FAX No. 3052359775

P. 005

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The date of each amendment(s) adoption:	07/25/2014		, if other than the	
Effective date <u>if applicable</u> :	0 days after amendment file do	ne)	-	
Adoption of Amendment(s) (CFTECK ONE)				_: :
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the a	mendment(s)		
The muchdiment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v				
"The number of votes cast for the amendment(s) was/were	e sufficient for approval			
by			•	٠.
The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and	shareholder		
The amendment(s) was/were adopted by the incorporators without action was not required.	out shareholder action and shar	eholder		
Dated 07/25/2	off.			
Signature (By a disseror, president or other office selected, by an incorporator – if in the appointed fiduciary by that fiduciary)				
Idania -	Enngue inted name of person signing)	• • • • • • • • • • • • • • • • • • • •		
(Typed or ne	inted name of person signing)			
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