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DEC 0 5 1011 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Wellness CANTER RX INC			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person			
WCRx Phar MACY Firm/ Company			
•			
1909 Hillbrooke trall suite			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail aggress: (to be used for future annual report normcation)			
For Continue in Company of the continue of the			
For further information concerning this matter, please call:			
Joy E. TAMMAN 21 (150) 722-1863			
Toy E. Inwang at (\$50) 222-1963 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (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

(Name of Corporation as currently filed with the Florida D (Document Number of Corporation (if known)	ept. of State)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A 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)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	lorida, enter the name of the
Name of New Registered Agent Joy E.=	ENWANG -
New Registered Office Address: To lla he see (City)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and Signature of New Registered Agent, if	

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change		Emmand P. Invaria	1909 Hillbrooke frail
Add		•	Swite TAU, FL 32311
Remove			
2) Change	_ <u>D</u> _	PATRICIA Joseph	1909 Killbeaske trail
Add			Saite 1 TAIL, F6 37311
Remove 3) Change	PKFO	JoyP. Inwang	1909 Hillbrooke toil
Add		- 2041. James	Suite 1 TAll, \$4.32311
Remove			
4) Change	<u></u>		
Add			
Remove			:
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<u>g or adding</u> itional sheet:	additional Ar s, if necessary).	(Be specific)		
				 		
						
						
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		•				
f an amen	dment prov	ides for an ex	change, reclas	sification, or ca	ancellation of is	sued shares,
provisions	s for implen	nenting the an	<u>iendment if no</u>	t contained in	the amendment	<u>itself:</u>
(if not	applicable,	indicate N/A)		•		
					· · · · · · · · · · · · · · · · · · ·	
						·

The date of each amendment(s) adoption: 12-5-72
Effective date if applicable: 12 5/12
Effective date if applicable: 2 5/12 (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"
(voling 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
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)
(Typed or printed name of person signing)
(Title of person signing)