

PO 80000065352

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(Business Entity Name)

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2011 AUG 16 PM 12:14
SUDASAN S. PATE
TALLAHASSEE, FLORIDA

Amended
S
8-18-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROGRESSIVE PHARMACY INC

DOCUMENT NUMBER: P08000065352

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

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON

Name of Contact Person

CAPE COD MANAGEMENT SERVICES INC

Firm/ Company

314 NE 27TH ST

Address

WILTON MANORS FL 33334

City/ State and Zip Code

APRILPEACH1@AOL.COM

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

For further information concerning this matter, please call:

APRIL PEACH CONDRON

Name of Contact Person

at (954) 630-8300

Area Code & 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)

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

PROGRESSIVE PHARMACY INC

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

P08000065352

(Document Number of Corporation (if known))

FILED
2017 AUG 16 PM 1:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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)

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 Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: MUTAHAR A CHAUDHRY

New Registered Office Address: 7177 LAKE WORTH RD
(Florida street address)

LAKE WORTH, Florida 33467
(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	FARIDA M CHAUDHRY	7177 LAKE WORTH RD LAKE WORTH FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	MUTAHER A CHAUDHRY	7177 LAKE WORTH RD LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

ALL SHARES OWNED BY FARIDA M CHAUDHRY HAVE BEEN TRANSFERRED
TO MUTAHER A CHAUDHRY

The date of each amendment(s) adoption: 8/10/2011
(date of adoption is required)

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 08-10-2011

Signature Farida
(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)

FARIDA M CHAUDHRY
(Typed or printed name of person signing)

PRESIDENT/DIRECTOR
(Title of person signing)