

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000277059 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

072450003255 Account Number : (305) 634-3694 Phone Fax Number : (305)633-9696

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LA GIRALDILLA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

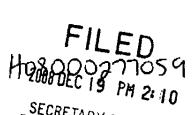
Electronic Filing Menu

Corporate Filing Menu

12/19/2008 12:50 PM

PAGE 01/04

13/16/2008 13:56 3026333666



Articles of Amendment to Articles of Incorporation SECRETARY OF STATE TALLAHASSEE, FLORIDA

LA GIRALDII		
Name of Corporation as currently file	d with the Florida Dens. of Star	•)
	5881	
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florid following amendment(s) to its Articles of Incorporation:	a Statules, this <i>Florida Profit C</i>	orporation adopts the
A. Hamending name, enter the new name of the corr	parution:	
SANTA BARBARA PHARMACY, INC.		
The new name must be distinguishable and conto "incorporated" or the abbreviation "Corp.," "Inc.," ("Co". A professional corporation name must a association," or the abbreviation "P.A."	or Co., or the designation "Co	orp," "Inc." or
B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDR	ESS)	
		
· 	' · · · · · · · · · · · · · · · · · · ·	, <u> </u>
C. Enter new mailing address. If amplicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the recintered agent and/or registered new resistered agent and/or the new registered off	office address in Florida, enter ice address:	the name of the
Name of New Revisioned Agent:		
New Registered Office Address:	(Florido street address)	
		Florida
	(Cuty)	(Zip Code)
New Reelstered Avent's Slepature, if changing Reviste haraby accept the appointment as registered agent possition.	i red Agent: I am familiar with and accept t	he obligations of the
<u> </u>		
Signature o	f New Registered Agent, if changi	नद्र
Page 1	ช่าวิ	

15/13/5008 13:56 3056339596

H08000377059

EMPIRE CORP KIT

Hemouding 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) Tide Address. Type of Action Name Db Add ☐ Remove 🗖 Add ☐ Remove अक्टार्ट्स् इ.स.स्टब्स् 🗅 Add P 82 ☐ Remove E. If omending or adding additional Articles, suter change(s) here: (attach additional sheets, if necessary). (Be specific) B. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment it and contained in the amendment itself:

(if not applicable, indicate NA) Page 2 of 3

9696669906 99:61 8002/61/21

Ļ,

H08000000059

The date of each amendmen	s) adoption: DECEMBER 19, 2008	
Effective date if applicable:	(no more than 90 days ofter amendment flie date)	
Adoption of Amendment(s)	(CHECKONE)	
The amendment(s) was/we by the shareholders was/w	e adopted by the sharsholders. The number of votes cast for the amendment(s) resufficient for approval.	
must be separately provide	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	est for the amendment(s) was/ware sufficient for approval	•
by		
	(withing group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Dutod	12/19/08	
2016	director, president or other officer – if directors or officers have not been sed, by an incorporator – if in the bands of a receiver, trustee, or other count med fiduciary by that fiduciary)	3
	JUDIMITH HERNANDEZ	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
	e de la companya de	

Page 3 of 3

H08000277059

TOTAL P. 03