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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: A TO Z PH	ARMACY INC	
DOCUMENT NUM	BER: P0900002749	8	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	NICHOLAS BOR	GESANO	
		Name of Contact Person	n
	A TO Z PHARMA	CY INC	
		Firm/ Company	
	9039 LITTLE RO	AD	
		Address	
	NEW PORT RICI	HEY, FL 34654	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	
ROGER NE	EDHAM	at (727	, 505-0920
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

۸	Articles of Incorpora	tion		
AtoZ	- Phárm	acy lak	<i>a</i>	
(Name of Corporation as current	ly filed with the Florida	Dept. of State)		
P09	00002	1498		
. (Document Number	r of Corporation (if knowr	1)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				TI
name must be distinguishable and contain the	word "corporation" "co	nunamı" or "incornore	ated" or the al	_The new
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or B. Enter new principal office address, if application (Principal office address)	the abbreviation "P.A." able:	a projessional corporation	on name musi c	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			力表现一种
D 16	a	Cl. (1)	6.1	70
D. If amending the registered agent and/or regi- new registered agent and/or the new register		· lorida, enter the name	of the	<i></i> هي
Name of New Registered Agent	<u>tu ymree avaress.</u>			
	(Florida street addre	ess)		
New Registered Office Address:		Florida		
new negative office maniety.	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing I	Registered Agent:			
hereby accept the appointment as registered agen	nt. I am familiar with and	l accept the obligations o	of the position.	
Signature of	f New Registered Agent, if	Schanging		

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Ricardo Roscetti	4627 Bougainvillea Dr #1A
Add		-	Lauderdale By The Sea
X Remove			Florida 33308
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

· <u>•</u>	f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
	•
_	
	
•	
<u>;</u>	f 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)

The date of each amendment(s)	adoption: February 26, 2013
Effective date <u>if applicable</u> :	ebruary 26, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	idopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	2-26-13 Mach 7
	director, president or other officer – if directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Nicholas Borgesano
	(Typed or printed name of person signing)
	President
	(Title of person signing)