Division of Corporations 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.

(((H11000029934 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:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number: I2000000146

Phone

: (305)444-4994

Fax Number

: (BO5)444-4977

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN / PHARMALIFE CONSULTANT, INC.

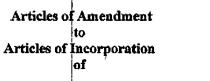
	OMITIE I I I I I I I I I I I I I I I I I I
Certificate of Status	. 0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

to



PHARMALIF	E CONSU	LTANT, INC.	ď
(Name of Corporation as cu	rrently filed v	ith the Florida Dept. of State)	
PO	090000515	81	
(Document N	umber of Corp	oration (if known)	
Pursuant to the provisions of section 607.1 emendment(s) to its Articles of Incorporation		tatutes, this Florida Profit Corporation	adopts the following
A. If amending name, enter the new name	of the corpor	ation:	
			The new
name must be distinguishable and contait abbreviation "Corp.," "Inc.," or Co.," or i name must contain the word "chartered," "p	the designation	"Corp," "Inc," or "Co". A profession	
B. Enter new principal office address, if a	pplicable:	801 SW 1st STREET	•
(Principal office address <u>MUST BE A STR</u>)			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		P.O. BOX 431258	_
		MIAMI FL 33243-1258	
D. If amending the registered agent and/o new registered agent and/or the new re			of the
Name of New Registered Agent:			
New Registered Office Address:		st STREET Florida street address)	
	MIAMI	, Florida 33	1130
		(Zip Code)	, 130 ,
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			f the position.
_	Signature of	New Registered Agent, if changing	

Page 1 of 3

ĩ ·

	ng the Officers and/or Directors, en		
removed a	nd title, name, and address of each litional sheets, if necessary)	Officer and/or Director bein	g added:
(Attach aad	utional sneets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			- A 11
 		_	☐ Add ☐ Remove
		•	D Kemove
•			
		<u> </u>	
			Remove
			
	•		Add
,			
E. If amen	ding or adding additional Articles	enter change(s) here	
	additional sheets, if necessary). (B		
		1 7	· · · · · · · · · · · · · · · · · · ·
THE ADI	DRESS OF THE OFFICER/DI	RECTOR IS:	
801 SW 1	1st STREET		
			· · · · · · · · · · · · · · · · · · ·
MIAMI, F	L 33130		
			· · · · · · · · · · · · · · · · · · ·
E Ifana	mandmant provides for an archen		-4
provisi	mendment provides for an exchan ons for implementing the amendm	ge, recussification, or cancella	endment itself:
	not applicable, indicate N/A)	TOWN TO THE WALL AND THE WALL	engment nænt.
••	· · · · · · · · · · · · · · · · · · ·	•	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
		Consistent of the party of	

		ļ i	
			. ,

The date of each amendment(s) adoption: 01-25-20	11
(date	of adoption is required)
Effective date if applicable: (no more than 90 days a	fter amendment file date)
Adoption of Amendment(s) (CHECK O	NE)
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	lders. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareh must be separately provided for each voting group e	olders through voting groups. The following statement ntitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s	was/were sufficient for approval
by	77
by(voting group)	
The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareholder
Dated 01-25-2011 Signature	
	ther officer - if directors or officers have not been
selected, by an incorporator appointed fiduciary by that fi	- if in the hands of a receiver, trustee, or other court duciary)
AL	BERTO DORADO
(Typed or p	rinted name of person signing)
	P/D
(Title of person	signing)