Division of Corporation Page I of tate 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.

(((H10000155585 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

Account Name : EMPIRE CORFORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

**Enter 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 Ē FRIENDLY PHARMACY TWO, INC. י שר ά Certificate of Status RECEIVED 0 ÅÅ :21 Md Certified Copy 0 Page Count 04 م Estimated Charge \$35.00 203 į Electronic Filing Menu Corporate Filing Menu Help

J2:38

ß

•			
,		. '	
H10000155585		·	6
• • •	des of Amendment	i Pic	
المراجع والمراجع	to ics of Incorporation	175	
	al	,	
PRIENDLY DHARM	Acy Two, INC.	·	23.92. 1.1.1.1
(Name of Corporation as curry	ntly filed with the Plarids Dept	of State)	0.7
P 09 0000 734	and the second		3
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607,1000		Profit Corporation add	upts the
following amendment(s) to its Articles of Incorp	oration:		
A. If amending name, enter the new same of	the corporation:		
The new name must be distinguishable an	1		-
association," ar the abbreviation "P.A."	must contain the word "chu		
association," or the abbreviation "P.A." B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE</u>)	Kahle 161 EAST	CONNERCIAL	-
B. Enter new principal office address, if appl	KAHE: 161 EAST	DERDALE	
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE)</u>	HAME: 161 EAST TADDRESS) FORT LAL FLORIDA	DERDALE	
B. Enter new principal office address, if appl	ADDRESS) FORT LAL FLORIDA	DERDALE	
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE)</u> C. Enter new mailing address, if applicable;	ADDRESS) FORT LAL FLORIDA	DERDALE	"BOULEU#
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE)</u> C. Enter new mailing address, if applicable;	ADDRESS) FORT LAL FLORIDA	DERDALE	-
 B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE</u>) C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>) 	HAME: 161 EAST TADDRESS) FORT LAN FLORIDA	33334	
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE)</u> C. Enter new mailing address, if applicable;	IGHER 161 EAST ADDRESS) FORT LAX FLORIDA FLORIDA FLORIDA	33334	
 B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE</u>) C. <u>Enter new mailing address</u>. <u>If applicable</u>: (Mailing address <u>MAY RE A POST OFFIC</u>) D. <u>If aniending the registered agent and/or the new registered agent, and/or the new registered agent.</u> 	IGHER 161 EAST ADDRESS) FORT LAX FLORIDA FLORIDA FLORIDA	33334	
 B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE</u>) C. <u>Enter new mailing address</u>, if appl<u>bable</u>: (Mailing address <u>MAY RE A PAST OFFIC</u>) D. <u>If avjending the registered agent and/or re</u> 	IGHER 161 EAST ADDRESS) FORT LAX FLORIDA FLORIDA FLORIDA	33334	
 B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE</u>) C. <u>Enter new mailing address</u>. <u>If applicable</u>: (Mailing address <u>MAY RE A POST OFFIC</u>) D. <u>If aniending the registered agent and/or the new registered agent, and/or the new registered agent.</u> 	IGHER 161 EAST ADDRESS) FORT LAX FLORIDA FLORIDA FLORIDA	33334	
 B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE</u>) C. <u>Enter new mailing address</u>. <u>If applicables</u> (Mailing address <u>MAY BE A PAST OFFIC</u>) D. <u>If appending the registered apent and/or re- new registered apent and/or the new regist Name of New Registered Agent;</u> 	Itable: 161 EAST TADDRESS) FORT LAN FLORIDA TE ROX TE ROX	33334 33334	
 B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE</u>) C. <u>Enter new mailing address</u>. <u>If applicables</u> (Mailing address <u>MAY BE A PAST OFFIC</u>) D. <u>If appending the registered apent and/or re- new registered apent and/or the new regist Name of New Registered Agent;</u> 	Itable: 161 EAST TADDRESS) FORT LAN FLORIDA TE ROX TE ROX	33334	
 B. Enter new principal office address, if another (Principal office address MUST RE A STREE) C. Enter new mailing address MUST RE A STREE) C. Enter new mailing address MAY BE A POST OFFIC (Mailing address MAY BE A POST OFFIC) D. If supending the registered spant studior renew registered spint, and/or the new registered spint, and/or the new registered spint; New Registered Office Address: New Registered Agent's Signature, if changing i hereby accept the appointment as registered 	(Florida street address)	33334 33334 Autor the name of the spectrum of the Cip Code)	
 B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST RE A STREE</u>) C. <u>Enter new mailing address MUST RE A STREE</u>) C. <u>Hatting address MAY BE A POST OFFIC</u> (Mailing address <u>MAY BE A POST OFFIC</u>) D. <u>If supending the registered spent studior re- new registered spent and/or the new regist New Registered Office Address:</u> New Registered Agent's Signature, if changing 	(Florida street address)	Source the name of the same of	

PAGE 02/04

If surgenting the Officers and/or Directors, entar the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Auach additional sheets, (f necessary)

Title	Name	Address Type of Action AUC:
SD	RACHAEL BASS	1623 SOUTH ANNOLUS DAdd
<u>سمبيب</u> س	······································	FORT LAUDICEDALIS A Remove
PD	APRIE LUBUS	1623 SOUTH MURRELS AVE D Add
		FORT LAUDER DALS & Remove
PD	ATTHUR S. LUBUS	161 EAST CON NERCON BLUD I Add
		FLORIDA 33337

E. <u>If emending or adding additional Articles, enter change(s) here:</u> (attach additional sheets, if necessary). (Be specific)

P. If an amondment provides for an exchange, reclassification, or cancellation of insuel shares, provisions for implementing the amondment if not contained in the amondment itself. (if not applicable, indicate N/A)

Page 2 of 3					
		r t			
		, 			
• • • •					
	······································				
		· .			
		·····			
,					
است بر		······	,		

.

HICCU)|5559

The date of each sucedment(s) adoption:

Effective date <u>|[applicable:</u>

(no more than 90 days after amendment file date)

ጉባ ወ

JULA

Adoption of Amendment(4)

(CHECKONE)

The amendment(s) was/were adopted by the shareholders. The number of votes rast 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 anandment(s) was/were sufficient for app oval

bv

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amondment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

どうしょ 2010 Dated Signature

(voling group)

(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)

ARTHUR S. LUBUS (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Page 3 of 3

20:1555