# P10000052707

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#### **COVER LETTER** ?

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION:	St. Rebekah Pharmacy, Inc.
DOCUMENT NUM	MBER:	P10000052707
The enclosed Article	es of Amendment and t	ee are submitted for filing.
Please return all cor	respondence concernin	g this matter to the following:
		Jacob Botros
		Name of Contact Person
1431		Firm/ Company
		Orange Camp Rd. STE #102
		Address
DeLand, FL 32724		DeLand, FL 32724 City/ State and Zip Code
	iacol	,
	E-mail address: (to b	o_botros@yahoo.com e used for future annual report notification)
For further informat	ion concerning this ma	ter, please call:
	acob Botros	at ( 352 ) 502-8790
Name o	f Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amou	nt made payable to the Florida Department of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee &
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

#### ST RBAKAH PHARMACY INC

,	Articles of A	Amendment	TALLAHASSEE, FLORIDA
	to		FILE
	Articles of In	•	ZOUL FIN
	of	ľ	FEB20
ST RBAK	AH PHARMA	ACY INC	TASECREE PM
(Name of Corporation as cu	rrently filed witl	n the Florida Dep	ot. of State) AHASSY US 29
Р	1000005270 <sup>-</sup>	7	OLE. FLORIE
-	Number of Corpora		- WIDA
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		utes, this <i>Florida</i>	
A. If amending name, enter the new nam	e of the corporat	ion:	
St. Rel	bekah Pharmad		The new
abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "			
B. Enter new principal office address, if a			ranada Blvd.
(Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u>	) Suite #4	
		Ormond Bea	ach, FL 32174
C. Enter new mailing address, if applica	ble:		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	500 West Gr	anada Blvd.
		Suite #4 Ormond Bea	ich, FL 32174
D. If amending the registered agent and/o new registered agent and/or the new r			rida, enter the name of the
Name of New Registered Agent:	Jacob F Bo	tros	<del></del>
	1431 Orang	je Camp Rd. S	TE_#102
New Registered Office Address:	(Flo	orida street addres	rs)
	DeLand		, Florida 32724
	(City	y)	(Zip Code)
New Registered Agent's Signature, if chai I hereby accept the appointment as registere			cent the obligations of the position.
mereny accept the appointment as registere	a agent. Tum jui	ar min ana at	cep. The conguitation of the position.
-			
	Signature of Ne	w Registered Agei	ni, 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>	Address	Type of Action
<u>P</u>	Jacob F Botros	1431 Orange Camp Rd. Suite #102 DeLand, FL 32724	☑ Add □ Remove
<u>P</u>	Jacob F Botros P	1431 orang camp rd	
		deland, fl 32724	
<u>s</u>	Sherien F Gaber	1431 Orange Camp Rd. Suite #102 DeLand, FL 32724	Remove
	ding or adding additional Articles, additional sheets, if necessary). (Bo		<del></del>
The name	e and address of the incorpora	tor is:	
Jacob F B	Botros		
500 West	t Granada Blvd.		
Suite #4			
	Beach, FL 32174		
provisi		ge, reclassification, or cancellation o ent if not contained in the amendme	
-			

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## 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>	Address	Type of Action
s	sheien f gaber s	1431 orange camp rd	_ □ Add ☑ Remove
		DeLand, FL 32724	EI Kelllove
<u>VP</u>	Magdy M Fam	500 West Granada Blvd. Suite #4	_ ☑ Add _ □ Remove
		Ormond Beach, FL 32174	_
<u>VP</u>	magdy m fam vp	500 west granada blv	_ □ Add ☑ Remove
		Ormond Beach, FL 32174	_ <b>_</b>
<u>provisi</u>	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: <u>06/23/2010</u>
Effective date if applicable:	06/23/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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
bv	."
•	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 2/10 Signature	mel Mil
	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Jacob Botros
	(Typed or printed name of person signing)
	President
	(Title of person signing)