Florida Department of State

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.

(((H11000166572 3)))



H110001685723ABC3

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 : ARES & COMPANY, C.P.A., P.A.

Account Number : I20000000268 Phone : (305)229-8256 Fax Number : (305)229-8252

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 PREMIER PHARMACY CONSULTANTS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

SECRETARY OF SELECTION SERVICE AND SERVICE

Electronic Filing Menu

Corporate Filing Menu

Help

6/23/26)

850-617-6381





June 24, 2011

FLORIDA DEPARTMENT OF STATE

PREMIER PHARMACY CONSULTANTS INC Division of Corporations 2012 SW 124 PL MIAMI, FL 33175

SUBJECT: PREMIER PHARMACY CONSULTANTS INC

REF: P10000071182

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The conflict is L10000114560.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H11000166572 Letter Number: 911A00015345

RECEIVED

11 JUL 27 AM 8: 01
SECKETARY OF STATE
FALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

PREMIER PHARMA	CY CONSULTAN	NTS INC	
(Name of Corporation as curren	tly filed with the Flori	da Dept. of State)	
P100	00071182		
(Document Numb	per of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this A	Florida Profit Corporation ado	pts the following
A. If amending name, enter the new name of t	he corporation;		
VALES INV	ESTMENTS INC		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "professions"	lesignation "Corp," "In	c," or "Co". A professional c	d" or the orporation
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			atiqui€.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or the new registered agent. Name of New Registered Agent: New Registered Office Address:	eistered office address		A COLOR OF THE SEARTY TO A COLOR OF THE COLO
_		, Florida	
-	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with a		position.

Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statemen must be separately provided 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 by	The date of each amendment	t(s) adoption: 07/26/2011				
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statemen must be separately provided 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 by	*	(date of adoption is required)				
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statemen must be separately provided 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 by		(no more than 90 days after amendment file date)				
by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided 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 by	Adoption of Amendment(s)	(CHECK ONE)				
"The number of votes cast for the amendment(s) was/were sufficient for approval by	The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.				
by						
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	"The number of votes	cast for the amendment(s) was/were sufficient for approval				
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	by	.,,				
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 7/26/201/ Signature (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) VILMA VALES (Typed or printed name of person signing)		(voting group)				
Dated 7/26/2011 Signature (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) VILMA VALES (Typed or printed name of person signing) PRESIDENT	The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder				
Signature (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) VILMA VALES (Typed or printed name of person signing) PRESIDENT	The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder				
(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) VILMA VALES (Typed or printed name of person signing) PRESIDENT	Dated	7/26/2011				
(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) VILMA VALES (Typed or printed name of person signing) PRESIDENT	Signature	Inta land				
appointed fiduciary by that fiduciary) VILMA VALES (Typed or printed name of person signing) PRESIDENT	(Ву					
VILMA VALES (Typed or printed name of person signing) PRESIDENT						
(Typed or printed name of person signing) PRESIDENT	арро	ointed fiduciary by that fiduciary)				
PRESIDENT		VILMA VALES				
		(Typed or printed name of person signing)				
		PRESIDENT				