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Amend CC

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	FION: St Luke Pharmacy,	Corp				
DOCUMENT NUMBER						
	Amendment and fee are sul	bmitted for filing.				
Please return all correspo	ndence concerning this mat	tter to the followir	ng:			
Jo	hn Musallam					
	· · · · · · · · · · · · · · · · · · ·	Name of Conta	act Person			
St	Luke Pharmacy, Corp					
	Firm/ Company					
20	19 Gulf to Bay Blvd					
		Addre	SS			
Cl	earwater, FL 33765					
	* * * * * * * * * * * * * * * * * * * *	City/ State and	Zip Code			
iohn@st	lukepharmacy.com					
	E-mail address: (to be us	sed for future annu	ual report n	otification)		
			1	,		
For further information c	oncerning this matter, pleas	se call:				
John Musaliam	:		813	. 767-6960		
	2	at (_)		
Name of 0	Contact Person		Area Coo	e & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made p	payable to the Flo	rida Depar	tment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	ру	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amend Divisio P.O. B	g Address ment Section on of Corporations ox 6327 assee, FL 32314		Division Clifton I 2661 Ex	nent Section of Corporations		

Articles of Amendment to Articles of Incorporation of

ST Luke Pharmacy, Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P10000071656 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: John Musallam Name of New Registered Agent 2019 Gulf to Bay Blvd (Florida street address) Florida 33765 Clearwater New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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)

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 <math>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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	_ P		John Musallam	2019 Gulf to Bay Blvd
Add				Clearwater, FL 33765
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	-	_		
Add				
Remove				
5) Change	-			
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s) he (Be specific)			
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an amendment provides for an exch	ange, reclassification, o	or cancellation of is I in the amendment	sued shares, itself:	
rovisions for implementing the amer (if not applicable, indicate N/A)				
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	11/23/2015	
The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.	11/23/2015	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this blo document's effective date on the Depart		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes calcient for approval.	ast for the amendment(s)
	oved by the shareholders through voting groups. ach voting group entitled to vote separately on the	
"The number of votes cast fo	or the amendment(s) was/were sufficient for app	roval
by	(voting group)	"
	(voting group)	
action was not required.	ted by the board of directors without shareholder ted by the incorporators without shareholder act	
Dated	15	
Signature	10000	
	ector, president or other officer – if directors or by an incorporator – if in the hands of a receive	
	d fiduciary by that fiduciary)	ii, itusice, or other court
	John Musallam	
_	(Typed or printed name of person sign	ning)
	President	
-	(Title of person signing)	