## P10000093967

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STALLAHASSEE, FLORIDA

14 APR 21 PH 2: 55

APR 2.5 2014

C. CARROTHEMS

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Forever Fashion Corp. **DOCUMENT NUMBER: P10000093967** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michel Perez Name of Contact Person Forever Fashion Corp. Firm/ Company 710 SW 17 AVE Address Miami, FI 33135 City/ State and Zip Code foreverfashioncorp@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michel Perez at (786 474-7110

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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

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Forever	<b>Fashion</b>	Corp
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(Name of Corporation as currently filed with the Florida Dept. of State)

P10000093967

SECRETARY OF STACE TALLAHASSEE, FLORIDA

	After any and the first of the control of the first of th
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:	cofit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
Forever Pharmacy & Discount Corp.	The new
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p word "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation
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 Flonew registered agent and/or the new registered office address:	rida, enter the name of the
Name of New Registered Agent	
(Florida street address,	)
New Registered Office Address:	, Florida (Zip Code)
(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 appointment as registered agent.	ecept the obligations of the position.
Signature of New Registered Agent if ch	ηρησίηο

## 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 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 Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
_X Add	<u>\$V</u>	Sally Sm	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		<del></del>		
Add Remove				
2) Change				<del></del>
Add Remove				
3) Change	<del></del>			
Remove				
4) Change		_		
Add Remove				
5) Change			<del></del>	
Add Remove				
6) Change		<del></del>		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		ditional sheets,	idditional Artic if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
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 statement 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"  (voting group)	
(voting group)	
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 04/11/2014	
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)	_
Michel Perez	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	

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FILED

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SECRETARY OF SIMIL

TALLAHASSEE, FLORDA