P1100005614

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Lee's Pharmacy Inc. P11000005614 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Peter Molinari Name of Contact Person Nationwide Pharmassist Corp. Firm/ Company 1011 Southwest 30th Ave Deerfield Beach, FLA. 33442 City/ State and Zip Code peter@nationwidepharmassist.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Molinari 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



November 30, 2012

PETER MOLINARI NATIONWIDE PHARMASSIST CORP. 1011 SOUTHWEST 30TH AVE DEERFIELD BEACH, FL 33442 US

SUBJECT: LEE'S PHARMACY, INC.

Ref. Number: P11000005614

We have received your document for LEE'S PHARMACY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6820.

Letter Number: 212A00028525

Rebekah White Regulatory Specialist

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: Lee's Phari	macy Inc.				
DOCUMENT NUMBE	D1100000E61					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this ma	tter to the following:				
· F	Peter Molinari					
Name of Contact Person						
Nationwide Pharmassist Corp.						
Firm/ Company						
1011 Southwest 30th Ave.						
		Address				
מ	Deerfield Beach,	FL 33442				
		City/ State and Zip Code	•			
pete	r@nationwideph	armassist.com				
<u> </u>		sed for future annual report	notification)			
For further information of	concerning this matter, pleas	se call:				
Stephen Molinari		_{at (} 561	305-6161			
. Name of	Contact Person		de & Daytime Telephone Number			
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301			

Articles of Amendment

Articles of I	o ncorporation of	FILED 12 DEC -6 PM 4: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Lee's Pharmacy Inc.		SECRET -6 PM 4: 17
(Name of Corporation as currently filed with the	Florida Dept. of State)	ALTANASS OF STATE
P1000005614		ASSEE, FLORIDA
(Document Number of Corporation	(if known)	——————————————————————————————————————
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: A. If amending name, enter the new name of the corporation: Nationwide Pharmassist of Florida Inc.	s Florida Profit Corporati	
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional co.	
3. Enter new principal office address, if applicable:	1011 Southw	est 30th Ave.
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Deerfield Bea	ach, Fl 33442

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: Peter Molinari Name of New Registered Agent

1011 Southwest 30th Ave.

(Florida street address)

Deerfield Beach New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent I fam 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 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:	г, ини зап	iy sinun, c	or as an Aaa.	
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change				
Add				
Remove			·	

(Attach a	ding or adding additional additional additional sheets, if necessar	Articles, enter chan y). (Be specific)	ge(s) here:		
N/A					
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provisio	endment provides for an eons for implementing the anotapplicable, indicate N/A	mendment if not co	cation, or cancel ontained in the s	lation of issued sha mendment itself:	ires,

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The date of each amendment(s) adopti	December 3, 2012
Effective date if applicable: Dece	mber 3, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated Dec	3 2017 Holines
(By a directo	or, president or other officer - if directors or officers have not been
	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	•
Ste	ephen F Molinari
	(Typed or printed name of person signing)
Pr	esident
	(Title of person cigning)