P11000015158

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
" PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



100240571911

10/11/12--01016--002 **43.75

Amend

SECRETARY OF STATENS
SECRETARY OF CORPORATIONS
12 OCT 11 AM 8: 36

OCT 1 2 2012

T. ROBERTS

HORMONE REPLACEMENT TECHNOLOGIES INC.

10384 Riverside Drive Palm Beach Gardens, FL 33410 (561) 429-6429

October 10, 2012

VIA UPS OVERNIGHT/1-850-245-6050

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 323001

Re: Articles of Amendment for Hormone Replacement Technologies Inc.

To Whom It May Concern:

Enclosed please find the following:

- 1. Our check in the amount of \$43.75, representing payment for the Filing Fee and Certificate of Status;
- 2. Cover Letter;
- 3. Articles of Amendment.

Kouryn P. Kirky

Please return the Certificate of Status to me in the enclosed self-addressed envelope.

Please do not hesitate to contact our office if you have any questions or need anything further.

Sincerely,

Kathryn P. Kirby Finance Director

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KENNETH B. KIRBY Name of Contact Person HORMONE REPLACEMENT TECHNOLOGIES INC. Firm/ Company 10384 RIVERSIDE DRIVE Address PALM BEACH GARDENS, FL 33410 City/ State and Zip Code KKIRBY@TDSC.US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHRYN P. KIRBY Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Street Address	NAME OF CORPORATION: HORMONE	REPLACEMENT TE	CHNOLOGIES INC.		
Please return all correspondence concerning this matter to the following: KENNETH B. KIRBY	DOCUMENT NUMBER: P110000151	58	·		
KENNETH B. KIRBY Name of Contact Person HORMONE REPLACEMENT TECHNOLOGIES INC. Firm/ Company 10384 RIVERSIDE DRIVE Address PALM BEACH GARDENS, FL 33410 City/ State and Zip Code KKIRBY@TDSC.US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHRYN P. KIRBY Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Street Address					
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		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy		
	Mailing Address	<u>Street</u>	Address		
	Amendment Section				
Division of Corporations Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

HORMONE REPLACEMENT TECHNOLOGIES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000015158

(Document Number of Corporation (if known)

endment(s) to

	corporation:		
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or the	rp," "Inc," or "Co"	'. A profession	
B. Enter new principal office address, if applicab	ole:	10384 Riverside Drive	
(Principal office address <u>MUST BE A STREET AL</u>	D D P C C C \	Palm Beach Gardens, Fl	
		33410	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10384 Riverside Drive	
		Palm Beach Gardens, FL	
		33410	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		in Florida, ent	er the name of the
Name of New Registered Agent	Riverside D	Prive	
Name of New Registered Agent 10384	(Florida street d	address)	
Name of New Registered Agent 10384		address)	

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)

Remove

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.

X Change	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	SV Sal	tly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D, VP	Gourley, Ron	3451 Northlake Boulevard
Add			Palm Beach Gardens, FL
X Remove			33403
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>	·	
Add			

Attach additional s	ding additional Art sheets, if necessary).	(Be specific)			
		<u>,</u>			· · · · · · · · · · · · · · · · · · ·
	1.75 V 2.75 V 2.				
•					
lf an amendment	provides for an excl	hange, reclassi	fication, or can	cellation of issue	d shares,
(if not applied	plementing the ame able, indicate N/A)	endment if not	contained in the	e amendment its	<u>elf:</u>
			<u> </u>		
					

The date of each amendment(s)	August 1, 2012
Effective date <u>if applicable</u> :	ugust 1, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated Octob	per 10, 2012
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Kenneth B. Kirby
	(Typed or printed name of person signing)
	President
	(Title of person signing)