

P110000024870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

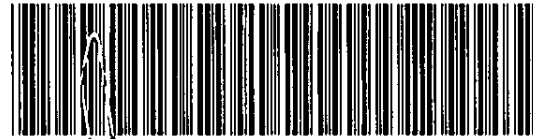
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EMILY A. HASSER, CLERK

N/C  
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Amend.  
08/14/13  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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13 AUG - 8 PM 2:21  
TALLAHASSEE, FLORIDA

July 26, 2013

DAVID CADDELL  
CADDELL COMPOUNDING SOLUTIONS, CORP.  
25 OLD MISSION AVE., UNIT LOWER  
ST. AUGUSTINE, FL 32084-3279

SUBJECT: CADDELL'S PHARMACY COMPOUNDING SOLUTIONS, CORP  
Ref. Number: P11000024870

We have received your document for CADDELL'S PHARMACY COMPOUNDING SOLUTIONS, CORP, 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 \$43.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 313A00018148

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Caddell Compounding Solutions, Corp.

DOCUMENT NUMBER: P11000024870

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Caddell

Name of Contact Person

Caddell Compounding Solutions, Corp.

Firm/ Company

25 Old Mission Ave, Unit Lower

Address

St. Augustine, FL 32084-3279

City/ State and Zip Code

david.caddell@caddellcompounding.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Caddell

Name of Contact Person

at ( 904 ) 217-7114

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
13 JUL 25 AM 8:11  
DIVISION OF CORPORATIONS  
FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**Caddell's Pharmacy Compounding Solutions, Corp.**

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

**P11000024870**

(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:**

**Caddell Compounding Solutions, Corp.**

*The new 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 **MUST BE A STREET ADDRESS**)

**25 Old Mission Ave**

**St. Augustine, FL 32084**

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**25 Old Mission Ave**

**Unit Lower**

**St. Augustine, FL 32084-3279**

**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:**

Name of New Registered Agent **N/A**

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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*

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13 AUG -8 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

(Attach additional sheets, if necessary)

*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.*

**Example:**

<u>X</u> Add	<u>SV</u>	Sally Smith
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**Address**

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**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. 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)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: **7/22/13**  
(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 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)

☐ 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 **7/22/13**

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)

**David Caddell**

(Typed or printed name of person signing)

**President / CEO**

(Title of person signing)