P11000077458

(Requestor's Name)
(Address)
(Address)
. ,
(0), (0), (17), (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2011 OCT -6 PH SI OF
SECRETARY OF STATE
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10 MIII

MyCorporation*

23586 Calabasas Rd. Suite 102 Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005 Email: customerservice@mycorporation.com

September 30, 2011

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: CFO Rx Solutions, Inc.

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the amendment documents for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings My Corporation Business Services, Inc. 23586 Calabasas Rd., Suite 102 Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO POST FORMATIONS AT 877-692-6772.

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	CFO RX SOLUTIONS, INC.	
DOCUMENT NUMBER:		P11000077458	3
The enclosed Artic	les of Amendment and fee	are submitted for filing.	• • • • • • • • • • • • • • • • • • •
Please return all co	rrespondence concerning th	nis matter to the following:	
	Po	ost Formation Filings	
-		Name of Contact Person ·	
_	My Corpor	ation Business Services, Inc.	
		Firm/ Company	
_	23586	Calabasas Rd., Suite 102	·
		Address	
·		alabasas, CA 91302	
,		City/ State and Zip Code	
	processing E-mail address: (to be us	@mycorporation.com ed for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further informa	tion concerning this matter	, please call:	
	Formation Filings	at (692-6772
Name	of Contact Person	Area Code & Daytime To	elephone Number
Enclosed is a check	for the following amount	made payable to the Florida Depa	rtment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63	Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

CFO RX SOLUTIONS	S, INC. 2011 OCT -6 PM 51 05
(Name of Corporation as currently filed with	the Florida Dent of State)
P11000077458	
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	on:
,	The new
name must be distinguishable and contain the word "corp abbreviation-"Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	1035 Primera Blvd. Suite 1041
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lake Mary, FL 32746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1035 Primera Blvd. Suite 1041
	Lake Mary, FL 32746
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address: (Flori	rida street address)
	, Florida
(City)	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	
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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u></u>		
			Add
			
E. If amendi (attach add	ng or adding additional Articles, litional sheets, if necessary). (Be	enter change(s) here: e specific)	:
	· · · · · · · · · · · · · · · · · · ·		
			
provision	endment provides for an exchang as for implementing the amendm t applicable, indicate N/A)		

The date of each amendment(s)	adoption: 09/29/2011
Effective date if applicable:	(date of adoption is required)
<u>(n</u>	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved 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	at for the amendment(s) was/were sufficient for approval
by	,,
(ve	oting group)
action was not required. The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	May Marin
(By a c selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Albert D. Goldwasser
_	(Typed or printed name of person signing)
	President
_	(Title of person signing)