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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(BU	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE TO VISION OF CORPORATION OF CORP

N.C.

C.COULLIETTE

NOV 2 2 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Sentix Pharmacy Inc				
DOCUMENT NUMBER: 7 1100000	18532			
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
1 dvick 6	Sonralez			
	me of Contact Person			
20005	Firm/ Company			
20432561	14 Place			
Miani fl 39	Address			
Cit	y/ State and Zip Code			
Chois inva	amail. Con	и		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Aldnick Gonzalez at 305, 500.959				
Name of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee \$\times \text{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		Address		
Amendment Section Division of Corporations		ment Section n of Corporations		
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 E	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

Articles of	Incorporation		
Sentrix Pharmacy In	of T		
(Name of Corporation as currently filed w	ith the Florida Dept. of Stat	te)	,
P11 000098532			
(Document Number of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Profit	Corporation adopts the fol	llowing
A. If amending name, enter the new name of the corpor	ation:		
Sentuix Pharmacy and	Discount	Inc	<u>.</u>
The new name must be distinguishable and contain the wor abbreviation "Corp.," "Inc.," or Co.," or the designation	d "corporation," "company, "Corp." "Inc." or "Co".	" or "incorporated" or the professional corporation	: ?
name must contain the word "chartered," "professional ass			,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		- S.
	· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable:		:	8 3
(Mailing address MAY BE A POST OFFICE BOX)			₹
	•		- ,-
			7
			= }
D. If amending the registered agent and/or registered o	ffice address in Florida, ent	er the name of the	MII: 28
new registered agent and/or the new registered office			**
Name of New Registered Agent:			
	Florida street address)		
New Registered Office Address:		. Florida	
registered office framess.	(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

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	•••)	<u>Name</u>	-	Address
1)				
2)				
3)			- -	
4)			 -	
5)			 -	
6)			 :	
<u>If REMOVIN</u>	G an office	r and/or director, please list th	e title(s) and	name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>
1)			4)	
2)	<u></u>		5)	
2)			6)	

E. If amending or adding additional Art	E. <u>If amending or adding additional Articles, enter change(s) here</u> : (attach additional sheets, if necessary). (Be specific)				
(auach additional sheets, if necessary).	(Be specific)				
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