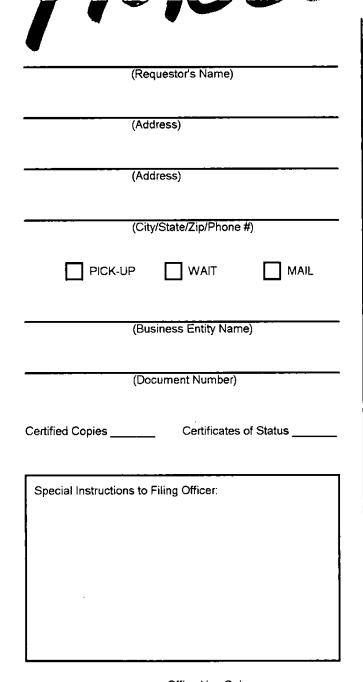
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13 APR 25 AM JI: 01 SECRETALLY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: RX Pro F | Pharmacy of Compounding, INC |
|--|--|
| DOCUMENT NUMBER: <u>\$1300000 3696</u> | |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. |
| Please return all correspondence concerning this matt | er to the following: |
| Gregg Davis RX Pro | Name of Contact Person |
| RX Pro | Firm/ Company |
| 1485 Livingston L | .N |
| \ | Address |
| COCKSON, 113 | 39056 City/ State and Zip Code |
| E-mail address: (to be use | e call: |
| Grag Davis Name of Contact Person | at (601) 483 - 1239 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made pa | |
| \$35 Filing Fee | □\$43.75 Filing Fee & □\$52.50 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 |

Articles of Amendment to Articles of Incorporation

| FILTER |
|---------------------------|
| 13 APR on |
| SECRETAIRY OF STATE STATE |

Rx Pro Pharmacy + Compounding, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

| PI | 300 | 00 | 0.3 | 494 |
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| | | v | \mathbf{v} | 9 10 |

ndment(s) to

| (Document Number of Corporation (if known) | |
|---|-------|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amits Articles of Incorporation: | endme |
| A. If amending name, enter the new name of the corporation: | |
| The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev | new |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta 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) | |
| | |
| 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: | |
| Name of New Registered Agent | |
| (Florida street address) | |
| New Registered Office Address: , Florida (Zip Code) | |
| (City) (Zip Coae) | |
| 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 Many Projectured Agent if alumning | |

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: | DT toler | D | |
|-------------------------------|-------------------------|-------------------------|------------------------------|
| X Change | <u>PT</u> <u>John I</u> | <u>Doe</u> | |
| X Remove | V Mike | <u>Jones</u> | |
| X Add | SV Sally | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | Director | Nicole Hotard | 318 New Chapel Hill Rd |
| X Add | | | W Monroe, LA 71291 |
| Remove | | | |
| 2) X Change | Director | Christopher Merriwether | 936 W. Hallandale Beach Blue |
| Add | | | Hallandale, FL 33009 |
| Remove | | | |
| 3) Change | Longues | Robert Durham | 1485 Livingston LN |
| X Add | | | Jackson, MS 39213 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding additional Arti- Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
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| The date of each amendment(s) adoption: 4/24/13 |
|--|
| Effective date if applicable: 4/24/13 |
| (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 4/a4/13 |
| 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) |
| Sason Rutland (Typed or printed name of person signing) |
| . (1 yped of printed name of person signing) |
| Yresident. |
| (Title of person signing) |